Medical report presented 31st December, 1924 / The Cassel Hospital for Functional Nervous Disorders.

THE CASSEL HOSPITAL FOR FUNCTIONAL NERVOUS DISORDERS,

Swaylands, Penshurst, Kent.

Medical Report

PRESENTED

31st DECEMBER, 1924.

The Cassel Hospital for Functional Nervous Disorders.

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The Cassel Hospital for Functional Nervous Disorders.

THIRD ANNUAL REPORT
to the
Committee from the Medical Director.

IN this report there will be found details of all the patients who passed through the Hospital in the year 1923, and further reports on those who were under care during the years 1921 and 1922, whose histories have been kept up to date. Following the precedent of former years, no patient is reported on who left after the 31st December, 1923, for although on the whole the after report can be shrewdly guessed from the state on discharge, there are exceptions; and from the standpoint of scientific evidence, the longer the period of freedom from symptoms has lasted, the more is it likely that the method of treatment adopted has real value. Moreover, when the expression "state on discharge" is employed, it must be explained that this does not refer to the "moment of discharge." For many patients the moment of discharge is a very trying one, one when the emotional reactions are very much to the fore, those reactions associated with the fears of facing the world once more, with the thought that the support which has been given is now about to be withdrawn, sometimes, unfortunately, with the knowledge that an uncongenial environment is about to be entered again. Thus many patients who have been free from symptoms for a number of weeks may show a return of all their symptoms for several days preceding their discharge: others may leave in hope and confidence, and be apparently as ill as ever soon after their arrival at their destination, yet one may be entitled to say of both that they were much improved on leaving. How they have stood up to difficulties for a few weeks before they left is a safer guide than what has happened during their last days. What they write after perhaps the first unhappy letter will show that the incidents of leaving were of no great import. They were emotional reactions which the patient understood to be such, and which, therefore, disappeared soon; or they were—as it is often recognised by the patients themselves—manifestations of wishes, conscious or unconscious, that the departure should be delayed. But as the phenomenon is common it is a reason, in addition to those given in previous reports, why nothing at all should be said about the state of patients when they leave. To say that such a patient was much improved might be something which the doctor was sure was true, but which at the moment would not be endorsed by anyone else.

Moreover, it cannot be predicated always that, if a patient has been free from symptoms for some weeks, is then advised to leave, and then has a relapse, it will be safe to discharge him. There are patients who lose their symptoms as soon as they come in, or within a very few days of doing so. Often enough they will not co-operate in any kind of investigation. They remain well until the proposal to leave is made. They have been well for no ascertained reason except that they have been having a pleasant time. It may be stated that if a patient, who is not suffering from a psychotic depression, becomes well without some good cause for his illness having been discovered, he is probably in a very unstable condition, and is one who will relapse easily.

This matter has been gone into at some length because in a notice of a former report in the medical Press, it was suggested that the work reported on was on the whole a little stale. But in reality the interest of any case from the point of view of the results of work begins only when the patient has left the Hospital.

Before details of the results of the year 1923 are submitted, it might be well to touch on certain aspects which our experience of three and a half years of the working of the Hospital suggests. It may be said without fear of contradiction that the wisdom of Sir Ernest Cassel in providing an institution of this kind has been more than justified in so far, at any rate, as the Hospital is providing for a greatly felt need. Since the Hospital opened there has been a waiting list which has blocked admissions for periods of from at least six weeks to about three months. Indeed, but for the fact that many have been found to have made other arrangements when their turn for admission comes, the blocking would have been more serious than it has been. Most psychoneurotic patients suffer from a chronic disorder, and for many the weeks of waiting are at worst only an annoyance; but there are some who cannot wait without serious aggravation of their symptoms; there are others who, if they do not come at once, cannot come at all, for example, school teachers, students and the like who must employ their vacation for this purpose, people whom one would be very sorry to see give up their work. On all sides, therefore, the reduction of the waiting list is a most desirable thing. The easiest and most obvious way to do this is to keep the Hospital strictly to that class of case for which it is intended. When it is stated that of the 650 patients who have entered the Hospital since it started, no fewer than 29 are known to be dead, it is plain that patients other than those suffering from functional nervous disorders are being admitted. Not all of these suffered from organic disease, two committed suicide in the Hospital, and three did so after leaving, one in three days, one in five months and the third in eighteen months. Nor in every instance is it suggested that the cause of the ultimate death was recognisable when the patient was admitted, but in some examples this was undoubtedly true.

The differential diagnosis in the kind of patients who are admitted to the Hospital is difficult from two points of view. First there is the difficulty of deciding whether organic disease is present; second, there is the more specialised difficulty of deciding whether, if present, it is responsible for the symptoms presented by the patient, and if responsible at all, whether in part or altogether. The first difficulty is a question of general medicine; the second is one which more particularly belongs to the special department of the psycho-neuroses. The symptoms of the psycho-neuroses may simulate those found in structural disease in any part of the body, and it might be held therefore that it is impossible to achieve accuracy of diagnosis—where diagnosis is possible at all—unless the patient has been examined by a large team of specialists. Certainly no general practitioner can be expected to know all the diseases of the body, and few specialists will venture on a dogmatic opinion outside their speciality. And a team has a peculiar difficulty of its own, even if the cost of such examination as a routine were not prohibitive. The difficulty of a team, which is large enough to ensure complete special examination, is that it tends to produce one man at least who will find something in his department which is able to account for any symptom, however remote, and in this way the psycho-neuroses tend to disappear from the view of a team altogether. The writer pointed this out and furnished examples in a report which he presented to the medical committee on his return from America in 1919. It may be within the recollection of some of the Committee that he described one institution with

a large team of about 15 members, and that at this particular place the operation of partial thyroidectomy was being performed about three times a week on non-goitrous patients. This state of affairs was attributable largely to the enthusiasm of two members of the team, a physician who found signs of hyperthyroidism in nearly everyone, and a surgeon who was extremely skilled in performing the operation.

Fortunately for the differential diagnosis of functional disease it is not necessary that the doctor should be prepared to recognise every disease to which the body is liable; it will be sufficient that he should be familiar with the signs which show that all the organs are healthy, and this is a matter which is, as a rule, within the capacity of every general practitioner. If all the signs are those of health, if there is no typical history of some specific morbid condition, and if the illness is not of recent duration, the absence of organic disease may be assumed. The important physical signs relating to any one system of the body are not very many: they will be touched on later. The first kind of diagnosis then is reducible to fairly simple terms; the second kind is a matter of special reasoning about the individual case, and an attempt will be made as we discuss individual cases to give illustrative examples which it is hoped may be useful.

It is with considerable diffidence that the writer of this report sets out on this task. Indeed, he feels little qualified to undertake it. His excuses for doing so are these. In books on general medicine, special medicine and psychiatry, there is more or less a general assumption that the differential diagnosis between organic and functional disease is not very difficult. The figures just quoted are in direct opposition to any such facile view, and when the various cases are studied in detail, it will be found that errors of diagnosis have been made by the most experienced. Secondly, the Hospital should be a place not only for the treatment of patients, but also, if possible, for the dissemination of knowledge; and the knowledge at least that the difficulty exists is one that has been brought very forcibly to the minds of the staff. Therefore, such knowledge should be placed on record.

It will be convenient at this point to tabulate the organic cases which have been admitted in the course of the three years under review. This series does not, of course, include every patient where organic disease was present. There were many where such a condition was known, but where the symptoms were considered not to be due to the organic condition, but to be independent of it. Such are not included in this list, in which the symptoms presented were due probably entirely to the organic condition.

Neither are there to be found those nervous patients who suffered also from visceroptosis. They are not included because the whole subject of the chronic abdomen is too vexed a one to be settled here. Some day it is hoped that we shall have accumulated sufficient evidence to put forward an opinion, but that day is not yet. It was stated above that the differential diagnosis between the psychoses and the psychoneuroses was not dealt with sufficiently in text books on psychiatry. That subject too must be left over for further consideration.

1. Diseases of the Nervous System.

Paralysis Agitans with tremor	4 patients
Paralysis Agitans without tremor	4 patients
(One of these died in about 6 months after leaving)	
Disseminated Sclerosis	2 patients
(One of these died within a month of leaving the Hospital)	

Organic Hemiplegia ... ... 2 patients
(Both had typical signs of organic disease on admission)
Cerebral Tumour ... ... 1 patient
(Died soon after leaving)
General Paralysis ... ... 2 patients
(Both with mental and physical signs)

2. Arterial Disease.

High blood pressure over 200 systolic ... ... 4 patients
(Of these, two are dead; one died in the Hospital from apoplexy, the other about a year after leaving. One is now under care in a mental hospital. Each of these was sent in as a case of "neurasthenia").
The actual pressures were:—

$$\frac{S220}{D170};\ S245;\ S205;\ \frac{S220}{D130}$$

3. Cardiac Disease ... ... 3 patients
(All are dead)

4. Other Diseases.

One patient with pyelitis of kidney.
One patient with cirrhosis of liver, now dead.
One patient with duodenal ulcer, cured by operation.
One patient with diabetes mellitus.
One patient with hæmorrhage from bladder, died under operation.
One patient with cancer of stomach, died in 2 months.
One patient with acute tuberculosis, died 2 weeks after admission.
One patient with organic stricture of œsophagus, died in the Hospital.
One sudden death from unknown cause.

In some of these examples a provisional diagnosis of a functional disorder was possible, but in others the diagnosis of organic disease was very plain.

1. Diseases of the Nervous System.

Before entering on a description of the actual cases, it may be worth while to discuss whether reliance can be placed on a few simple signs which will exclude most of the organic diseases in this region, signs which are well within the competence of anyone to recognise. It can hardly be doubted that there are such; or that if attention be paid to them, organic disease—with one or two notable exceptions which will be referred to—can be excluded. They are related to (1) the state of the pupils, (2) the plantar, the abdominal, the tendon reflexes, (3) the presence of bedsores or abrasions, (4) the condition of the bladder functions. If there are no abnormalities in connection with these functions, and if the history of the case be sufficiently long, it is not likely that organic disease is present unless it be of the paralysis agitans group. In that group, none of the reflexes connected with these

functions will be altered, but the characteristic rigidity and posture are easily recognisable if they have been seen once or twice. That, unfortunately, is something which more and more doctors are having the opportunity of doing.

It is not proposed here, and indeed it would be an impertinence to describe the alterations which the functions described may undergo. The signs may all be difficult to elicit.

The four patients who suffered from *paralysis agitans* with tremor all showed the disease in unmistakable form. Three were sent with the diagnosis of hysteria, the fourth was sent as a known Parkinsonian, but also because he had many nervous symptoms which were considered to be due to psychological causes. He was certainly a man who was troubled over certain irregularities in his way of living, but he had practised these for a large number of years and until he began to suffer from tremor he had not been made unhappy by them. The question therefore arises whether the remorse and anxiety from which he suffered were due to the psychological factors or to the organic disease, whether indeed the psychological causes alleged were not rationalisations. This question arises equally in the investigation of the symptoms of the manic depressive. The latter explains all his symptoms as directly due to his misdeeds: and on talking with him one feels no doubt that this is indeed a rationalisation. In the case of a patient suffering from paralysis agitans it seems likely that the same thing may be true. Be this as it may, this patient was not helped in any way by psychotherapy.

In two of the four patients who suffered only from rigidity, the true nature of the disease was not recognised by the Hospital staff. One who suffered chiefly from facial rigidity was considered on admission to be the subject of organic disease; but it was thought possible that he had some bulbar condition. The true nature of the disease was recognised later. The other was treated for some weeks as a hysteric, and naturally she was no better when she left. In her case, as in some of the others, the history of emotional shock was very marked. She had fled from air raids, she had been involved in a carriage accident of alarming though not serious nature. One of the others had been psycho-analyzed for the condition for six months prior to admission, and, unfortunately, many painful complexes had been unearthed which she then felt to be the cause of her trouble: this procedure had greatly added to her sufferings.

In this connection a few words may be said on the value of a neurotic history. It has often been said, and said truly, that the diagnosis of a neurosis does not depend merely on negative findings. If that was the actual state of affairs, there would be no certainty that the conception of the neuroses was not merely an index of our ignorance. As science advances, the negative diseases become positive. Thus though paralysis agitans and chorea were at one time called neuroses, they were not thought to be such in the same sense that hysteria was. It was always recognised—since neurology became a definite scientific division, at least—that a lesion was probable in the former condition, improbable in the latter. Now the characteristic positive element in a neurosis does not consist in the physical findings, though such may be present, e.g., a stocking anæsthesia. It is not necessarily shown in the mental state for a long time, though it will be found there sooner or later. An hysteric who is getting his own way may show a very normal mentality. It is to be found more certainly in the history. But this history, to be of value, must be, on the whole, spontaneous. Any one of us who was goaded into " remembering " by means of psycho-analytic procedures, would soon show psychopathic reactions of a mental nature, and it

would not be difficult, in almost anyone, to obtain historical facts which would justify the observer in saying that there was a neuropathic history. The method then in which the history is obtained is of the first importance before it can be relied on to provide that element in diagnosis which may be called positive.

To return to the subject of paralysis agitans, two others were post-encephalitic; they were of the progressing type, were not very marked when they entered the Hospital and only declared themselves slowly. One patient was a young man of 22, and since his discharge he has been operated on for intestinal stasis with a view to curing his nervous symptoms! To those familiar with such conditions, errors of this kind are no doubt ridiculous, but the difficulties in the diagnosis for those who do not see much of them are very great.

The patients with *disseminated sclerosis*: The two patients both suffered quite clearly from the disease, but a mistaken diagnosis is easy in the absence of the so-called classical signs: usually, however, one or more departures from normal action connected with the reflex functions already detailed are present in early cases, though they may be difficult to obtain. The history of amblyopia, diplopia, or bladder trouble should instil caution. One was sent with the frank diagnosis, but it was considered that she was giving in to her disease more than she need. Her ability to walk was improved by treatment, and for one year at least she remained on a higher level of health. The other patient was in an extremely advanced stage of the disease, showing all the classical symptoms and signs, suffering even from a bedsore. Indeed, it was probably the advanced state of the disease that was responsible for the error in diagnosis. She presented the obvious mental symptoms of inattention and slowness of cerebration; with a little care it was clear that she had also hallucinations of hearing. In some ways these mental defects were the most prominent feature of the case, and her inability to walk had been regarded as hysterical.

The two patients with *organic hemiplegia* who were sent in as neurasthenics presented the usual signs of a lesion of the pyramidal tract.

The patient with *cerebral tumour* complained of headache; but there were no physical signs of disease. He had been examined by a skilled neurologist about two months before. His extremely disjointed conversation was the feature which made us conclude that whatever was wrong with him, he was not suffering from a functional disorder. Thus, at my first interview with him, after he had already been examined by one of the medical officers, I asked him to tell me something about an accident from which he had suffered just before he became ill. He replied, " I fell into the ditch, and the young fellow put the gas bag round my arm and blew it up ": the latter part of the sentence refers to the fact that shortly before I came in his blood pressure had been taken. He was also extremely disoriented as to time and space. These symptoms had not been present when he was seen by the neurologist, to whom he was then sent back. The diagnosis of frontal tumour was made, which was confirmed by operation. This is one of the localities in which a tumour gives rise to considerable difficulties in diagnosis.

2. Arterial Disease.

With the exception of the case of one patient with paralysis agitans and one with disseminated sclerosis, we have hitherto been discussing only the first point in diagnosis, the diagnosis from organic disease; for in the examples furnished its presence was sufficient to make the

second point, i.e., whether it accounted for all the symptoms or not, one of secondary importance: it cannot be said of no importance, for that is perhaps a statement that can be made of no organic disease at all. It is true that patients in the Paralysis Agitans group have mental symptoms. Some of these symptoms, probably most, are due to organic change; there remains a portion which are of psychical origin; how much can only be determined by treatment. The amount is probably small. In the group, however, which we are now about to study the main interest and difficulty lies not in the actual recognition of the condition, but in how far this condition accounts for the symptoms. The actual recognition of arterial disease, of the kind we are now discussing, viz., hyperpiesis and arterio-sclerosis, is not difficult. The use of the sphygmo-manometer and the habit of feeling the arterial wall are almost universal.

The symptoms which these patients exhibit are, however, very like those of a psychopathic condition. They are those of insomnia, giddiness, inability to concentrate, depression and emotionalism. And although in the particular patients, whose cases are on the list, psychotherapy had no effect whatever, one would not be disposed to discharge as unsuitable without trial other patients with equally high pressure. There are probably persons going about with similar pressures who do not feel ill, and any one of these might acquire a neurosis. There is, moreover, a considerable danger in attributing symptoms lightly to high blood pressure; everyone is familiar with patients where this has been done, with the result that a lasting dread of a stroke has been inculcated into their minds.

In two of these patients the history was of help in deciding against neurosis. Both had been successful business men who had not ailed in any way; they were about 60 years of age, and both had become ill a few months before without adequate cause. It is not likely that such a history would point to "neurasthenia," though it might to a psychotic condition. The histories of the other two were somewhat misleading. One, a woman, 64 years of age, had had fear of blindness off and on for many years. The other, who had been in the Colonial service, had never felt adequate to his work, and his compulsory retirement had been mooted several times during his official career. One of these two died of apoplexy in the hospital, the other has died from apoplexy since; so that in them there is no doubt of the diagnosis.

Though, then, the recognition of the condition is easy, the criteria for establishing that it is the cause of the symptoms are difficult to arrive at. The history is often the greatest of help, but is not always decisive. In many instances the question cannot be settled; and the patient must be treated from both aspects.

3. Cardiac Diseases.

The Cardiac group is one where great difficulties often arise. Cardiac symptoms are, of course, among the commonest met with in psychoneurotic patients. Probably about half of the patients admitted to the hospital complain of palpitation, very many of cardiac pain; and nearly all of these believe that there is something wrong with their hearts. Many have unfortunately been informed at some time or other that their hearts are weak; and though many other doctors may have said to them that this is not so, the perhaps solitary individual, who has told them that there is a weakness, is believed against these others who have tried to assure them that all was well. Bare assurance is in such cases of little value; the patient says, "How often do you see in the papers that someone dropped dead

in the street from unsuspected heart disease. You cannot therefore tell for certain that any heart is sound." Many patients of this class have the desire to suffer from heart disease; it is the price they pay for mental peace. Thus one young man, who suffered from palpitation on going to bed, had seen three doctors of great experience, who told him that his heart was sound; he then saw a very young naval doctor, who told him that it was diseased. To this opinion he clung. In the psychological investigation of his case it transpired that during the war he had been informed that the inhaling of pipe tobacco would be followed by a degree of cardiac disorder sufficient to ensure his being sent home. He therefore inhaled it, and succeeded in being sent home. It is probable that he succeeded also in wholly repressing this incident. If unconscious mental action is granted, it is easy to see how a belief in heart disease was for him a necessity, until treatment with a view to making him face facts had been instituted.

These cases are not, however, of any diagnostic interest. There is not much difficulty in deciding whether the heart of a young person is diseased or not.

There is much greater difficulty in assessing the value of cardiac symptoms in the presence of organic disease. In general it may be assumed that the symptoms are not dependent on the cardiac state when they are greatly in excess of the signs. Thus a lady with mitral stenosis was dyspnoic if she walked across the room: but her pulse was regular, there was no undue acceleration when she did make effort, and, on resting, it quickly returned to normal. Further, she had extremely well-marked neurasthenic asthenopia, which disappeared very quickly by persuasion. It was certain, therefore, that we were dealing with a highly nervous person. A year after discharge her sister reported that she was a " resurrection," so that it was clear that the diagnosis of cardiac neurosis was correct. This extreme case has been quoted because it illustrates how a conclusion may be come to, but the matter is not usually as easy as this. The mere presence of complexes does not appear to the writer to be of diagnostic help, for, as was seen in the discussion of a case of paralysis agitans, they can easily be present in grave organic disease, or so far as that goes in anybody.

The three patients who are dead were different from these examples. One, a lady of 65, complained of attacks of cardiac discomfort; in the intervals her heart did not present any signs of disease to ordinary clinical examination. She was unhappy at home, and the attacks were attributed to this. She was, however, observed during the attacks while in hospital, when it was discovered that the heart was grossly irregular during these paroxysms. Her friends were informed, and she herself was told that she would do as well at home. Next day she died.

A second patient was 22 years old. She also gave a history of difficulty in adapting herself to her environment. She had been engaged, but broke the match off in a temper. She assisted her father in his business, but hated doing so—" he got on her nerves." After the engagement had terminated she lost flesh rapidly, and had all the appearance of a patient with anorexia nervosa. For some months she had had amenorrhœa. But she had a history of rheumatic fever and chorea, and she had murmurs at every area. Two months before admission she had had an attack, when the right side felt " funny, as if electrified," and thereafter the arm and leg had been weak for about a month. This, however, had passed off, leaving no signs. That this had been an embolic attack seemed likely, and it was decided with many misgivings not to subject her to the treatment appropriate for

anorexia nervosa. She went home and died two months later suddenly. In coming to the conclusion not to treat this patient, more weight was given to the history of what seemed to have been an embolus than to the cardiac condition, for there was no sign of cardiac failure. The attack might have been hysterical; but it is probably correct to say that patients with anorexia nervosa do not have other hysterical symptoms; their grand symptom of emaciation and its consequences are enough. Indeed, we know that they hardly ever have even that commonest of nervous symptoms—exhaustion.

The third patient was a man of 60, who had been a psychopath all his life. He had never done any work; he had lived on other people, and had harboured grievances against them. He had all manner of phobias. He complained of fatigue, and though he was in the hospital for some months his cardiac unsoundness was not suspected. He was found dead in his bath after a heavy meal. A post-mortem examination was performed by Dr. Greenfield, who reported that he had a degenerated heart, and that he had died of syncope after a full meal, a common cause of death in this class of case.

4. Miscellaneous Diseases.

With regard to the remaining patients whose cases had to do with such diverse regions of the body, the lesson to be emphasised is that when a patient complains of symptoms of any kind, every system of the body should be examined exhaustively. The first patient complained of fatigue, the next two of indigestion; and the idea of physical disease had not been present. The patient with tuberculosis had an oscillating temperature on admission which had not been taken for some time.

The patient with cancer of the stomach complained only of pain in the back, and had one odd physical sign, viz., loss of the superficial abdominal reflexes. He was referred to a neurological hospital, and for some weeks no other sign was discovered. Later the signs of gastric disease displayed themselves.

The patient with stricture of the œsophagus had a misleading history. The difficulty in swallowing had come on immediately after an operation which had been performed for duodenal ulcer. It persisted till the day of his death.

The patient who died from an unknown cause had been in the hospital to which she had been sent for a functional paraplegia. This symptom disappeared under treatment. She had, however, the physical sign of loss of the knee jerks. She also suffered from severe dyspepsia, for which she had been operated on more than once. She was admitted to Guy's Hospital for further observation, and it was there concluded that she had no serious disease. She went home and fell dead; why, we were never able to learn.

The conclusion remains that in a number of patients there must ever be considerable difficulties in making the diagnosis between functional and organic disease; and that the utmost skill and care cannot for certain remove this difficulty, for many of these patients had seen those who are both highly skilled and careful. But it is also true that the number of errors might be reduced. While some of these conditions were obscure for a long time, others were not, and in some of these the diagnosis was arrived at by the most common clinical methods. The list of errors is certainly not complete. There are, no

doubt, among our failures in treatment those whom we first failed to diagnose, or even to suspect, of organic disease. It would be well that all who are dealing with a functional case should keep in mind that fear of Freud's, which he calls his constant fear, which he dreamed about when he was " frightened at the thought that I must have overlooked some organic affection."

The object of this dissertation on diagnosis is to emphasise that it is mainly through improved diagnosis that we can obtain the full use of our beds. The elimination of the psychotic cases is of the utmost importance also from this point of view; at the present moment it is proposed that the discussion of this subject should be deferred to another occasion. Suffice it to say that for certain patients with psychotic depression the hospital provides a suitable environment, but that it does not do so by any means for all who are sent in.

It is not proposed in this report to say much with regard to methods of treatment. Those which are adopted have been described in previous reports, and no striking changes in them have been introduced.

During the year 1923 one hundred and sixty-nine patients were discharged from the hospital, but fourteen of these had been in in previous years.* The reports on their cases will be found in those of these years. Four others were admitted twice in 1923, and one three times. The present report, therefore, deals with one hundred and forty-four patients only. It may be admitted that the hospital ought to deal with a larger number of patients than this. It is a much smaller number than were dealt with in 1922, when one hundred and ninety-five were discharged.

With regard to re-admissions, it may also be admitted that in only six of these was this procedure really justified by the result. In six it was well worth while. Considering that a patient who wishes to come back is possibly one who is more ill than one who does not seek it, to have helped six such persons in a material way may justify the loss of beds incurred through treating the failures. It is not certain that those who seem failures now will prove to be so in the end. Many nervous patients have to be supported for months or years, and are finally able to stand alone. For some of these an occasional letter is support enough; the reports of the years 1921 and 1922 will furnish a number of examples where the patients have become slowly better as the years have gone on. Many of these have received no treatment save that of a letter from time to time: and they, at any rate, attribute their improvement to what they learned at the hospital, and to the fact that interest in them did not cease when they left. Over a longer period than the hospital can deal with, the writer of this report could quote many cases where a similar plan has been adopted, and, if the matter is not irrelevant, will cite a recent example here. A lady was admitted to the hospital in September, 1924. She has been under the writer's care since 1915, but since that year he has not seen her till she was admitted to the hospital. She had been a complete invalid for twelve years before 1915. Since then she has been engaged constantly in secretarial work; has at times felt she would again fall ill, and has written and been written to, and by this means has managed to live with a fair amount of pleasure

* There is a discrepancy between these figures and those in the financial report. This is accounted for by the fact that if a patient goes home for a week and returns, he is counted in the office as a re-admission, but he is not so counted in the medical reports.

and much usefulness. During the spring of this year she had to live in a particularly trying environment, and felt she could not continue the battle alone. She was in the hospital about six weeks, though she was quite well apparently for the last three. The only trouble in this method is that a " snowball " phenomenon is making its appearance, and with the greatly larger number of patients which the hospital affords, the snowball is apt sometimes to threaten to become unmanageable.

There are certain patients whom doubtless one should not readily re-admit, more particularly those belonging to the manic-depressive group. During the present year, 1924, we have already refused one or two whose depressive phase is known from the previous history to be long. This unfortunately causes a considerable amount of pain to the patient and some resentment on the part of the relatives; for neither the patient nor his friends can understand easily that a recovery which took place in the hospital was a fortuitous affair.

Of the 144 patients, 98 belonged to the psychoneurotic group.

Of these—Not heard from	11
Well, or much improved	62
Not better, but at work	3
Well, or improved, but not on account of treatment here ...	3
Not better	19
	98

These results are not quite so good as are those of 1922; there is also a larger number of patients who have not been heard from. Experience shows that those who do not reply are not necessarily either disappointed or ungrateful persons. Some take a long time to write, say that they are sorry not to have answered sooner, but that they are quite well. It is not always easy to distinguish between those who feel well and those who feel improved. Much depends on personal idiosyncrasy. It is sometimes even difficult to distinguish between ill and well. Thus, on the one hand, a patient wrote that his condition was little changed, and was noted as one " not better." A few days later his doctor wrote about another patient, and mentioned incidentally that he was glad to tell us that our former patient was now much better and at work—a thing he had not attempted for many years. On the other hand, there is a type of grateful patient who writes about all sorts of things except his health; that patient, on being pressed, will acknowledge that he is not well, and it is clear that such an one was desirous of sparing the doctor's feelings. But though some of the letters must be read with discretion, it need not be supposed that they form on the whole anything but reliable testimony. Many are extremely enthusiastic; others are quite as definite in their information that no good has been accomplished.

For Group I. Psychoneuroses. Table I., see Appendix.

Patients who are now well. Page 20.

In this table there will be found only two patients with gross hysterical disability of the limbs, one a woman of 40 with talipes varus, the other a woman of 39 with double talipes equinus. The first had had her disability off and on for years; it was removed at once by simple suggestion. She suffered also from insomnia, which was due to fear

of sleep because of the intensely horrible nature of her dreams. Naturally, this form of insomnia was not in the least amenable to suggestion, and an investigation of a psycho-analytic nature was carried out. Certain of these dreams seemed to accord with the Freudian doctrine of the Œdipus complex; but reconciliation on the patient's part to the view, not her acceptance of it, was not achieved: and it was decided that she should seek employment away from home. From consideration of her history there was no question that she was always much worse when living in the same house as her father. She succeeded in obtaining such employment; she is sleeping better, and feeling more self-reliant in every way.

The other patient was surprised in an unpleasant situation, and became rigid all over. Afterwards she found that she could not stand except in high-heeled shoes. Curiously, this had been looked on only as an interesting statement of hers, and she was unaware that she was unable to put her heels to the ground. She did not lose the talipes until certain difficulties in her life had been discussed and adjusted.

There is also in this group one patient who suffered from sleep-walking, and who is now well; she was a particularly energetic walker; she would find herself on the window sill, would jump down a flight of stairs, jumping perhaps nine or ten steps; would land on her face making a great noise; but she never hurt herself. During these adventures she often had a dream that she was climbing among rocks and trying to escape from something. Her life also required much readjustment, her home environment being most unsatisfactory. She, too, has been kept away from home.

No. 34 is a patient of considerable interest; for sixteen years before admission he had never been more than a few hundred yards away from a doctor he could trust; and to ensure this he had lived for a large part of the time in private asylums as a voluntary patient. At the beginning of that period he had suffered from an attack of palpitation due to an obvious emotional cause, and had received somewhat alarming instructions. The fear of death from syncope had been present ever since. He is now able to go where he wishes, but as he is over 50 years of age he has found it impossible after these years of idleness to get work, and as he has a strong taste for psycho-analysis, acquired before he came here, he has again taken to this pursuit.

For Group I., Table II.

Patients who are not better, but who are at work—and

Table III.—

Patients who are better, but who report that the improvement was obtained elsewhere—see Appendix. Page 30.

The second of these groups has always in it patients of great interest. One patient (No. 1) was a married woman of fifty, who, according to her husband, had been nearly impossible to live with all her married life. According to herself, she had been nervous for long before that. She was full of terrors of all kinds, could not stay alone, and complained also of pain in the head of the "band round the head" type. She ran away from the hospital at the end of a month, and immediately sought re-admission, which was granted. It seemed to us that she derived considerable benefit from her stay, though in the end she left before we wished her to. She came from the north of England, wanted to be nearer home, for which she was fretting, and she was passed on to a psychotherapist

in the locality; later she wrote that she was continuing to improve. Now she writes that she is very much better indeed, but that this has nothing to do either with us or this other doctor, that she has had an operation on her nose, which was certainly the cause of all her trouble.

It may be stated that she had been examined carefully by a neurologist before she came here, who had taken the trouble to send her to a rhinologist before he arrived at his diagnosis.

Patient No. 2, who suffered chiefly from insomnia and inability to work, also appeared to be much better on discharge. She wrote that she was now fairly well, which she attributes to electrical treatment after she left us.

One feels that the efforts expended on these two patients here were of considerable value, though this is not acknowledged by them; and there is also a strong feeling that before these patients could declare themselves well something had to be done to make them feel that their modes of thought had not been responsible for their illnesses. There are always some who cannot bear to think that the method of cure lies in themselves. They are the people who require a placebo. They are not impossible to recognise, and it might be suggested that if that be so, we might administer the placebo ourselves. That, however, is probably not possible. Often enough these patients are recognised here at the outset, and for them we do prescribe electricity, massage and so forth. But unless treatment of this sort is instituted at the beginning it is useless. To have stated at the outset that physical treatment was unnecessary, and then to try it, would be to encourage the old beliefs, which are so prevalent among these patients, that all medical procedures are a matter of guesswork; and it is important that those who can stand without a placebo should not have their moral fibre weakened by having one; therefore there can be no question of the indiscriminate application of anything of that kind.

The third patient belonged to the type of chronic abdomen. She was a schoolmistress who had had two abdominal operations, and who complained of great pain. She is now well, but is in the midst of a series of operations on her nose, abdomen and elsewhere, which are to establish her health for all time.

For Group I., Table IV.

Patients who are no better—see Appendix. Page 31.

This is a table where the temptation to make facile explanations should not prevent us from trying to find out why the patients are, as a matter of fact, in it. There are some who should certainly not be in it.

There are four patients with gross hysterical disabilities of the limbs. No. 3 was in receipt of a pension sufficiently large to keep him in comfort. He would have had difficulty in obtaining employment. Circumstances of this sort make the removal of such symptoms extremely difficult. In the event of our receiving another patient with hysterical paralysis who is in receipt of a pension I should feel inclined not to try direct psychotherapy at all. All explanation in this case was met with profound "emotional stupidity." The patient confessed that he could not understand the simplest explanation, nor apply to his own

case any of the many parallels he was offered. The symptom is one of the best examples of the "convenient arrangement," and possibly the treatment should take the form of an inconvenient arrangement, something of the nature of an absolutely strict Weir-Mitchell course without books, letters or visitors carried out for a long time.

No. 10 had a hysterical monoplegia in a leg where the knee joint had been excised and was anchylosed. Unfortunately, she had also had gastro-enterostomy performed on account of hysterical vomiting. Both symptoms were abolished during her stay in the hospital, but she was also in the midst of an unsolved love problem.

No. 16 was a child of fifteen, who had had hysterical contractures of both legs for six years, and had been regarded as an "interesting case."

The fourth patient (No. 15) was admitted with functional paraplegia. This was removed easily by persuasion, and has not recurred. The cause, however, of paraplegia apparently was that the patient was in love with her doctor. No treatment was able to influence this; the patient became very depressed, and is still in this state of depression.

Patients Nos. 1, 4, 7, 13 were all intensely introverted persons. They brooded over themselves, were continually on the lookout for slights, were intensely jealous. This last characteristic is one that from time to time does give rise to a considerable amount of trouble. It happens often that a patient comes to a point where, if a line of investigation is to be followed up, he must be seen every day for periods longer than is usual—longer than what the others are receiving. With some of those who are for this reason left temporarily alone, reactions occur.

Some of the patients in this list have unhappy homes, some could not be induced to take up any interest.

Patient No. 17 should have been cured; he is now deriving benefit from psychotherapeutic treatment elsewhere.

Group II. Drug Addicts.

See Appendix. Page 34.

There are four patients in this group who were morphia takers. All have relapsed. Three had been able to do altogether without the drug while they were here; in the case of the third, who was taking in all probability 10 or 11 grains on admission, the dose was reduced to about 1½. Her mentality was extremely bad, and she left in a very hostile state. Two patients were both exceedingly anxious to continue without using the drug: one had everything apparently in his favour except that he had acquired the craving, which had started during the war. He was at home, doing other people's work as well as his own, and had unfortunately discovered that morphia lessened fatigue. The other patient lived with a wife whom he hated. The fourth patient was one of those persons who has lived alternative lives of great usefulness and psychopathic indulgences. Her morphia-taking is only an occasional feature of her life. She sometimes produces artefact skin lesions, which have puzzled the profession for long periods; sometimes she is a very useful public worker. She had dropped the drug before she came in, and was treated at the hospital for emaciation and exhaustion. These symptoms disappeared before she left.

The other five patients were alcoholic. Two are reported by their friends to be doing well. A third has been better for the last six months, since he took an oath to stop drinking. He was a conscious homosexual, who said frankly that because of his perversion, in which he never indulged physically, life was either very dull or so full of terror that he feared he would do something that would land him in trouble. He held that, under these circumstances he was entitled to some excitement in life, and so far alcohol had been the only thing which had afforded this.

Group III. Psychoses. Table I.

Patients with Mental Depression. See Appendix. Page 35.

Of the fifteen patients on this list, four are now quite well. One of these, however, had been discharged as unsuitable for treatment. He had some hypochondriacal delusions when he arrived, and these became worse in the hospital. He went to stay in his father's house, and recovered there in some months.

It may be said that, if a depressed psychotic patient is so ill that he ought to be either in bed or isolated for the sake of other patients, he is not suitable for treatment at Swaylands. Unless he has a special nurse, which is a costly procedure, he will be far too much alone. This particular patient could not be allowed to mix with the others because of his hypochondriacal ideas, and there is little doubt that he became worse because he was a good deal alone. A fifth patient (No. 5) reports that he is well, but it is known that he is behaving rather foolishly; that, for example, he is spending his small means recklessly, and he is therefore probably in a manic state.

Four of the group were certified; one of these is now well; another, who was sent uncertified to a mental hospital, died there.

Other Psychoses.

There were two patients with delusions of persecution: both appeared on admission to be psychoneurotic persons. In one the delusions were revealed after a stay of a fortnight; in the other this occurred after about six months' stay.

One patient had been suffering from great retardation of mental processes, inability to dress herself properly or to take any interest in affairs. This had been present for about two years; the illness had begun as an attack of puerperal mania. She was in the hospital for six months, and made a complete recovery. Her husband, when he brought her, said he wished her to be "disciplined." There was one patient with hypochondria.

Group IV. Organic Diseases.

For Table, see Appendix. Page 37.

Ten patients have not been classified.

Patient No. 4, a lady who had studied occultism, and was now haunted by "elementals." She could not get on with her relatives, and was at Swaylands for eighteen months. Explosions occurred in her wardrobe. She had also mild delusions, e.g., that I laughed at her; on such occasions she would not speak to me for a few days. She has since married.

Patient No. 2, who had become intolerable at home because of violent tempers and the use of bad language. She developed a threatening attitude towards a medical officer, and was discharged.

Patient No. 3, a mental defective, who had had a baby some years before.

Patient No. 7, a mild mental defective, able to live at home.

Patient No. 5, a sexual pervert, with desires directed wholly to little girls. Treatment had no effect.

Patient No. 9, a difficult person with strong religious views, believed that certain of the people in the hospital staff were Antichrist, and said so.

REPORT FOR YEAR 1922.

See Appendix. Page 41.

Of the 75 patients who reported themselves as well or much improved in 1923, 60 have replied to further enquiry, and of these 54 have maintained their improvement. Some of these are in a much more stable condition than they were last year. Patient No. 23 was then well, but unhappy because he could not get work; he has now been able to get a post as a chemist, and is much happier. Patient No. 30, who is of special interest in that she jumped out of a window on the third storey, is not complaining so much of her headaches, which were so marked a feature in her case. Patient No. 40 writes often in a much more hopeful strain. Patient No. 75 is now well, whether at work or away from it.

Of the six patients who are not so well, Patient No. 2 is engaged in physiological research, and has been made a fellow of his college in Cambridge. But he is an introvert who, unfortunately, always tends to be examining his mental and bodily functions. He is, however, able to work.

Patient No. 35 is well-to-do, is childless, and dislikes her much older husband. She suffers a good deal from lack of occupation.

Patient No. 47 has relapsed altogether. There is in this patient a strong fixation on a dead brother which we were never able to lessen.

Patient No. 65 is possibly psychotic. She gets better and worse.

Patient No. 67 is returning for further treatment.

Patient No. 71 has been undergoing operations.

On the other hand, it is gratifying to report that certain patients who were not well are so now, and that for this late result, some consider that what was done at the hospital was helpful. In Table II., Patient No. 2 is now well. He has been at work since his discharge from the hospital, visited the hospital from time to time, and gradually recovered. In Table IV., Patients No. 7 and 13 are now well. The first was in the list of "not well" last year because she said she was ill; from her report this seemed to be due to temporary illness, but it was thought to be safer than to consider her as a failure. There are two others in this list who are better, cases No. 11 and 14, but this improvement appears to have been spontaneous in both instances.

In Group II., that of the drug addicts, it is gratifying to report that the patient who took as much as 18 drams of paraldehyde daily is still well and at work. He called in October, 1924, about a year and nine months after discharge, and seemed a perfectly normal person. It should be noted that this patient was in the hospital for 13 months, as his insomnia was very obstinate.

The psychotic patients hardly need comment. A considerable number have maintained their improvement.

REPORT FOR YEAR 1921.

See Appendix. Page 60.

Last year it was reported that of the original 1921 patients who reported themselves as having kept well or improved, 36 out of 49 were still known to be well or much better. Thirty-three of these 36 have reported this year: and 30 of these have maintained their improvement. In addition, four who had not reported last year have said that they are well or much better.

Of the three who are not so well one has had a relapse and is now in hospital, one is convalescing from a serious operation on the abdomen, the third was a fat, flabby old lady who had been ill for many years, and who has gradually fallen back into invalid ways.

Patient No. 3 is one of great interest. He had his original symptoms after concussion. A number of complexes were discovered and dealt with, and he has been quite well since. The case had been regarded by some people as a good example of "traumatic" neurasthenia. I regret to say it is so described in the report of 1921. During the past year this patient again suffered from concussion. A car in which he was travelling turned over, and he was conveyed to hospital. He remembers nothing of the accident, and his first recollection is that of finding himself in hospital. On this occasion he was well in a week. The affair took place over six months ago, and he is still well. On the occasion of the first attack, as indeed now, his occupation entailed being on duty in the dark. Before that he had had fear of darkness to a very high degree, but he had said nothing about it to anyone. The neurosis which at that time followed the concussion had, probably, as its object the prevention of his returning to that work. After that fear had been got rid of by the discovery of an incident in childhood, he returned to his work quite easily. He is a great enthusiast as regards this work; otherwise the phobia would have driven him out of it long ago. On this occasion, as he had no obstacle of a psychological nature which should prevent him from returning, there was no neurosis. As an instance of the extreme specificity of phobias, the case is of interest because his work is one entailing almost constant danger to life. There is yet another point; the tendency is to think that a traumatic neurosis has relationship chiefly with the positive advantage to be gained by prolongation of illness, with the thought that the patient will gain something from someone else from it. Here we have rather the picture of a man who had been for some years screwing himself up to the point of sticking to his work in the face of constantly recurring fear, and in whom the trauma to the brain proved to be the last straw. Had his illness lasted but a few weeks longer, he would have been dismissed from his work, as the standard of health demanded for it is very high.

GROUP I.

TABLE I.

Patients who are now well or improved.

(The figures in brackets on the right-hand side indicate the number of months between discharge and report.)

	Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
1	F. 38	2 months.	Worries over trifles. Depression with weeping. Frightened feelings.	All symptoms disappeared.	Going on well. Had a baby a year later. (10)
2	M. 32	5 months.	Easily fatigued body and mind. Worries easily. Loss of weight. (6ft. 2: 9-13½)	Weight 11-2. Takes full exercise; fatigue much less.	Very much better and at work. (12) Spent two weeks of holiday here to get reassured.
3	F. 19	1 month.	Headache, Sleeplessness. Indigestion. Fatigue.	All symptoms much improved.	Is well, but having her teeth out. (12)
4	F. 39	3 m onths.	Severe frontal headache Erotic feelings. Fears over many things.	Headache gone. Fears gone.	Very well indeed. Going to have a baby. (14)
5	F. 45	3 months.	Pains in Limbs and body. Palpitation Insomnia. Giddiness.	Very much better.	Re-admitted for one month. Very well working. (14)

GROUP I.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
6				
F. 19	4 months.	Restlessness. Loss of feeling. Feels she does everything wrong.	Symptoms all less.	Is very well (12)
7				
F. 40	2 months.	Insomnia. Depression. Loss of weight.	Feels very well. Gained 13 pounds.	Better in health. Very unhappy. Taking action against her husband. (7)
8				
F. 24	6 months.	Attacks of shaking. Fear of being alone, of the dark, of burglars, of losing consciousness. Fatigue.	All symptoms gone.	Quite well in spite of great strain. (12)
9				
F. 29	7 months.	Confusion. Insomnia. Depression.	All symptoms gone.	Is quite well and at work. (12)
10				
M. 61	2 months.	Obsession about bowels. Will not go out till they are moved. Loss of interest. Symptoms arose after encephalitis.	Obsession disappeared. Felt much better.	Is very well. (9)
11				
F. 54	1 month.	Bodily and mental fatigue. Pains in head and joints. Emotional. Fears of draughts.	All symptoms much improved.	Can certainly count as a cure from a medical point of view. (11)

GROUP I.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
12				
F. 36	1 month	Insomnia. Perpetual worry. Headache, Fear of insanity. Double talipes equinus.	All symptoms gone.	Is quite well. (18)
13				
F. 40	13 months.	Headaches. Want of concentration. Fatigue. Insomnia. Outburst of temper. Has had three years of analysis.	Symptoms all greatly relieved.	Is well and at work. (16) In several times for short periods.
14				
F. 61	2 months.	Lack of will-power and interest. Loss of caring for her family. Fear of insanity.	All symptoms gone. Feels well.	Excellent health, sleeps well. (13)
15				
M. 58	2 months.	Depression. Insomnia. Constantly calling his wife's name. Self depreciation. Fatigue. Unjustified financial fears.	Symptoms all greatly relieved.	Is keeping well and at work. (24)
16				
F. 34	5 months.	Poor sleep. Headaches. Poor appetite. Worry. Diarrhoea. Abdominal pains.	Symptoms slightly less. Seems able to work but does not feel it.	Is well and at work. (19)
17				
F. 25	3 months.	Terror. Emotion. Some confusion. Sleeplessness. Menorrhagia.	All nervous symptoms gone. Not a person of great calibre.	Is keeping well and is happy. (20)

GROUP I.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
18				
F. 21	4 months.	Burning feelings in head. Insomnia. Somnambulism. "Fainting."	Symptoms much less.	Very well and at work. (12)
19				
F. 24	2 months.	Fear of suicide. Depression. Fear of having children.	Symptoms greatly relieved.	Is well and has just had a baby. (21)
20				
M. 42	2 months.	Trembling on right side. Headache. Loss of sense of environment. Poor sleep. Fatigue. Fear of impotence.	Symptoms nearly disappeared.	Has kept well and at work. (13)
21				
F. 24	3 months.	Severe pain in head. Tinglings of skin. Fears of insanity and of paralysis.	All symptoms gone.	Is quite well and has had a big increase of salary. (13)
22				
M. 36	2 months.	Headaches. Broken sleep. Depression. He has twice "disappeared" and been lost for months.	Much improved. Left feeling well.	Is quite well. (12)
23				
F. 40	3 months.	Difficulty in walking. Feels as if she could not control her legs.	Symptoms all gone.	Re-admitted for 1 week in December, 1923. Writes that she is very much better. (16)

GROUP I.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
24				
F. 36	3 months.	Pain in back and head (traumatic). Loss of concentration.	Symptoms all gone.	Is now quite well. No trace of headache or backache. She is at work. (13)
25				
F. 61	4 months.	Constipation. Insomnia. Difficulty in swallowing. Poor appetite. Agarophobia.	All symptoms much improved.	Is quite well. (12)
26				
F. 19	1 month.	Giddiness. Poor sleep. Headache. Hysterical attacks (weeping).	All symptoms gone.	Has worked well. Is well in health. Has gained 2st. (12)
27				
F. 18	2 months.	Great loss of weight (6 st. 4 lbs.) Amenorrhoea.	Gained 20 lbs. (7 st. 10 lbs.) Two shows of period, neither very good.	Relapse—1923. Readmitted December, 3 months. Is very well. (7)
28				
F. 36	10 months.	"Strung up." Very weak. Bad sleep. Diarrhœa frequent. Loss of concentration.	Felt a new woman. Can manage well.	Quite well. (15)
29				
F. 33	1 month.	Loss of weight. Fatigue. Rheumatism.	Gain of 6 lbs. Feels less fatigue.	Is well and at work. (13)
30				
F. 31	3 months.	Mental and physical fatigue. Insomnia. Loss of weight. Self depreciation.	Insomnia better. Gain of 10lbs. Fears less.	Is quite well. (16)

GROUP I.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
31 F. 42	5 months.	Discomfort and flatulence after food. Vomiting. Depression. Nervousness. Has had 4 abdominal operations.	Symptoms relieved. much less nervous.	Has been at work ever since she went away. Still vomits but is able to manage her life much better than she thought. (13)
32 M. 29	9 months.	Full feeling in stomach. Headaches. Insomnia. Attacks of despair. Had had gastro-enterostomy, and subsequent operation for adhesions.	Symptoms much improved.	Patient writes "Just the same." (14) Dr. — writes "Patient has got going at last and is doing his work quite well. Occasionally gets slight relapses but they do not last long." (15)
33 F. 55	month.	Fatigue, bodily and mentally. Visceroptosis.	Feels better.	Is more able to get through her work and has felt strong during the last year. (14)
34 M. 47	4 months.	Insomnia. Lack of concentration. Unable to go 200 yards away from a Doctor. Has been psycho-analyzed for years before admission.	All symptoms much improved. Can go anywhere.	Is better than he was. Is able to go about. Living at home. Still having Psycho-analysis. (13)
35 F. 41	2 months.	Pains in legs. Trembling. Faintness. Fatigue. Headaches.	Improved.	Much better. (14)
36 F. 45	2 months.	Pressure on head. Insomnia. Pricklings of body. Dazed feelings. Fear of insanity. Fear of suicide.	All symptoms much relieved.	Is much better. Is able to work. Not yet well. (14)

GROUP I.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
37				
M. 61	6 weeks.	Depression. Insomnia. Inability to concentrate. Nervousness. Fatigue.	Symptoms relieved.	Very worried. Doing some work.
38				
M. 40	5 weeks.	Distention of abdomen. Septic mouth. Easily tired.	Symptoms gone.	Has some feelings of anxiety and indigestion, but is at work. (13)
39				
F. 69	3 months.	Depression. Agitation and calling out in morning. Apprehension.	Symptoms less till discharge was imminent.	Better. Able to mix with people, goes about London. (12)
40				
M. 61	2 months.	Lack of initiative. Pains in back.	Feels quite well.	Is thankful to report that he is fairly well. (12)
41				
M. 42	7 months.	Fear of doing something to his detriment, that he may shoot someone, that he may write a cheque wrongly.	Fears better. Very apathetic.	Feels comfortable, but is still apathetic. (12)
42				
M. 55	1 month.	Frontal headaches. Irritability. Interference in other people's business. Suspects others of immorality.	Most symptoms better. Still liable to interfere with others.	Is better. Very worried financially. Been speculating. (12)

GROUP I.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
43 F. 48	11 months.	Headaches. Panics in street. Agoraphobia. Bad sleep. Indigestion. Obsessions concerning sex.	All symptoms much improved.	Is very much better, still has panics, some depression but less and less. (12)
44 M 36	2 months.	Inability to do anything. Bad memory. Bad tempers directed against wife. Fatigue.	All symptoms much relieved. Feels confidence.	Relapse, re-admitted for 3 weeks. Symptoms relieved. Behaving very much better. Teetotal. Wife very grateful. (20)
45 M. 42	2 months.	Pains in head and back. Bad sleep. Loss of weight.	All symptoms much improved.	Continued at business. Has at times some of the strange feelings. (15)
46 F. 45	1 month.	Depression. Poor sleep. Nervousness. Indigestion.	In statu quo.	Re-admitted for 1 month. Fairly well when not at home. (16)
47 F. 50	2 months.	Trembling. Headache. Insomnia. Suspicious of people. Unwilling to tell about herself.	Symptoms much less.	Is just the same as on discharge. (12)
48 F. 25	2 months.	Headaches. Insomnia. Fatigue. Phobias. Anxiety.	Symptoms all much less.	Was sleepless and had bad dreams after she left. Since then has had 2 operations on her ear and is now much better. (12)

GROUP I.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
49				
F. 38	2 months.	Pain in back. Inability to stand or walk. Headache. Insomnia.	Can walk a mile or two. Headache and Insomnia better. Pain in back not gone.	Is quite well except for some pain in back. (12)
50				
F. 55	11 months.	Pains in the head. Weakness. Insomnia. Failure of concentration.	Symptoms all greatly relieved. Can walk well. Still needs hypnotic drug.	Better than she was a year ago. (12)
51				
F. 52	9 months.	Aphonia. Weakness. Dyspnoea. Indigestion. Poor sleep.	Very much stronger and better.	Is fairly well and going about. (12)
52				
F. 30	4 months.	Insomnia. Fatigue. Irritability.	Sleeps better. Walks nine miles but says fatigued. Not so irritable.	Is sleeping very much better. Sometimes fatigued and says cannot always afford good food. Is evidently feeling better on the whole. (12)
53				
F. 36	3 months.	Headaches. Depression. Uncertain sleep. Bad dreams.	All symptoms much improved.	Is well, but apt to have matrimonial storms. (10)
54				
M. 19	3 months.	Exhaustion. Indigestion. Constipation. Poor concentration. Pain in back.	All symptoms gone except backache but can walk any distance.	Is well. Very bored. (17)
55				
F	3 months.	Depression. Fatigue. Twitching of limbs, face and body. Coldness up and down spine. Pregnant.	All symptoms much better but to take things easily till pregnancy terminates	Is better, but still tired. (15)

GROUP I.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
56				
F. 39	9 months.	Talipes varus. Insomnia. Hideous dreams.	Foot quite well. Dreams pleasant. Sleep not good but improving.	Well, so far as hysterical symptoms are concerned, but not happy; at work. (16)
57				
F.	3 months.	Headache. Palpitation. Bad sleep. Depression. Fixation of right knee, left ankle, right elbow.	Symptoms improved.	Feels very well. (12)
58				
F. 24	2 months.	Tiredness. Attacks of loss of loss of power in legs. Fears of doing things alone.	Symptoms gone. Fears gone.	Is steadily improving, but tires quickly. (10)
59				
F. 39	7 months.	Indigestion. Vomiting. Fatigue. Bad sleep. Panics. Sweatings.	All symptoms relieved.	No return of hysterical symptoms but now in Hospital for discussion of certain further difficulties.
60				
F. 24	2 months.	Fatigue. Palpitation. Headache. Indigestion. Constipation. Loss of weight 5st. 4lbs. Amenorrhoea.	All symptoms relieved. Gained 6 lbs.	Getting better and better. (9)
61				
F. 41	9 months.	Pains in back and head. Apprehensive. Loss of concentration. Terrifying dreams.	All symptoms much improvd.	Slightly better; still apprehensive; somewhat depressed. Gets work but cannot keep it. (10)
62				
M. 27	3 months.	Great weakness. Pains in stomach. Poor memory. Bad sleep. Fear of insanity and suicide.	All symptoms much relieved.	Feeling very much better and at work. (11)

GROUP I.
TABLE II.

Patients who are not better but who are at work.

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1				
M. 39	1 month	Fatigue. Pains in head. Uncertain sleep. Irritable. Cannot do his work. Idea that he emits an odour.	Is returning to work.	Is the same as on admission but has been at work all the year. (12)
2				
M. 46	1 month	Pains in the head on breathing foul air.	Unable to test this at Swaylands.	In statu quo but goes on with his work. (12)
3				
M. 54	3 months	Catarrh of nostrils. Feelings of stuffiness. Tension. Loss of concentration. Insomnia.	Symptoms relieved.	In statu quo but continuing at work. (13)

GROUP I.
TABLE III.

Patients who are improved but who do not admit that the improvement is due to treatment at Swaylands.

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report
1				
F. 48	14 weeks	Headache. Feeling of unreality. Phobias of closed spaces. Fear of murdering husband and daughter.	Left too soon. Symptoms less.	Getting better after nasal operation. (12)
2				
F. 40	3 months	Headache. Poor sleep. Depression.	Symptoms little changed.	Is much better. Improvement attributed to electrical treatment she had in July. (12)
3				
F. 31	4 months	Severe abdominal pains after operation. Constipation alternating with diarrhœa. Depression.	In statu quo.	Better; having further operations. (12)

GROUP I.

TABLE IV.

Patients who are no better.

	Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1	M. 39	3 months.	Poor mentation. Bad memory. Diminished intensity of thought. Indigestion. Fatigue. Dim vision.	Symptoms all much relieved.	Is much the same as on admission. (15)
2	M. 50	20 months.	Odd feelings in head. Nights are tortures. Bad dreams. Emotional attacks. Fear of insanity.	Symptoms rather better, but unable to work.	Was better and did some work, but has had relapse. Now under treatment elsewhere. (13)
3	M. 40	3 months.	Anaesthesia of legs. Pain in back. Peculiar gait.	In statu quo.	As on admission. (12)
4	F. 35	4 months	Tired. Indigestion (flatulence) Headache.	Is certainly less of an invalid.	Relapsed—Re-admitted for 1 month. In statu quo. (18)
5	F. 30	6 months.	Indigestion. Bad sleep. Exhaustion. Dysmenorrhoea.	Symptoms improved.	Improves and relapses. (20)
6	F. 46	2 months.	Attacks of intense depression with intervals when she is well. Masochistic masturbation during depressed attacks.	Well here.	Relapsed and returning to hospital. (19)

GROUP I.

TABLE IV.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
7				
F. 39	3 months.	Insomnia. Depression. Exhaustion.	In statu quo.	In statu quo. (12)
8				
F. 51	2 months.	Insomnia. Poor concentration.	Sleep much better without drugs. Feels better.	Relapsed. To have operation. (12)
10				
F. 26	2 months.	Vomiting. Astasia-abasia. Sleep poor.	Symptoms disappeared.	Now having operations and other treatment. (12)
11				
M. 22	months.	Attacks of unconsciousness with epileptiform convulsions. Tongue bitten; occurring about once in two weeks. Inability to work.	No fit for last three months.	Relapsed. (13)
12				
M. 40	9 months.	Lack of concentration. Insomnia. Fear of marriage.	Symptoms hardly changed.	In statu quo. (12)
13				
M. 33	9 months.	Cloud in brain. Poor sleep. Violent dreams. Trepidation. Agoraphobia.	In statu quo.	In statu quo. (13)

GROUP I.

TABLE IV.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
14				
F. 57	5 months.	Uncomfortable feelings in head. Feeling of nerves giving way in head. These present for many years.	Symptoms relieved.	Is improving. Has found a secret remedy. (15)
15				
F. 38	3 months.	Paraplegia. Headaches. Dyspepsia. Pains in back. Later intense depression.	All symptoms gone.	Worse, not paralysed but depressed. (13)
16				
F. 15	9 months.	Inability to walk any distance because of hysterical contracture.	Not walking well.	In statu quo (12)
17				
M. 25	5 months.	Tired and weak. Inability to concentrate. Headaches. Fear of meeting people, of being alone in dark. Inability to work.	All symptoms relieved. Returned to work.	Not able to work now. Having treatment. (10)
18				
M. 50	1 month.	Dislike of being alone. Fears of disease, of losing his reason. Phobias about bowel.	Symptoms in statu quo. Left too soon.	In statu quo. (10)
19				
F. 58	3 months.	Noises in head. Pains. Loss of memory and concentration. Insomnia.	All symptoms much improved.	Health very indifferent. (12)

GROUP II.

DRUG ADDICTS.

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
1				
M. 53	2 months.	Pains. Fatigue. Insomnia. (Convalescent from heroin addiction).	All symptoms much improved.	Has relapsed. (14)
2				
F. 34	9 months.	Drug addiction. Morphia 12 grains a day.	In statu quo.	
3				
M. 54	2 months.	Insomnia. Inability to concentrate. Odd feelings in head. Depression. Morphia in bouts.	All symptoms much improved. Sleep good.	Relapsed. (13)
4				
F. 44	2 months.	Great fatigue. Difficulty in concentration. Loss of weight. 8st. 8½lbs. Morphia addiction.	All symptoms gone.	Has relapsed and improved. (8)
5				
F. 41	2 months.	Noises in the head. Depression. Deafness. Bouts of alcohol.	Noises disappeared. Depression gone.	Relapsed. (10)
6				
M. 30	11 months.	Dipsomania. Homosexuality.	In statu quo.	Has kept well since May. (12)
7				
M. 29	1 month.	Fear of dark. Fear of trains. Want of concentration. Lack of confidence. Poor sleep. Alcohol.	All symptoms disappeared.	Drinking. (13)
8				
M. 24	7 months.	Alcoholism since the war.		Quite well and at work. (12)
9				
F.	2 days.	History of taking too much alcohol. Depression.	Felt happier.	

GROUP III.

TABLE I.

PSYCHOSES. Patients mainly with symptoms of Depression.

	Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
1	M. 42	1 month	Depression. Unworthiness. Insomnia.	Symptoms all improved.	Is quite well and at work. (15)
2	F. 43	4 months	Depression. Insomnia. Feeling of nothing inside her (absence of emotional reaction). Desire to die.	Symptoms all gone.	Managing her house and doing well. (13)
3	M. 60	5 months	Restlessness. Insomnia. Depression.	Symptoms relieved.	Is well and enjoying life. (12)
4	M. 32	month	Hypochondria. Delusions of eyes being out of sockets, of throat being destroyed. Depression.	Discharged unsuitable.	Now well and at work. (12)
5	M. 35	6 months	Fear of the future. Loss of confidence. Poor sleep. Concentration bad. Paralysis agitans.	Psychological symptoms improved.	Slightly maniacal.
6	F.	11 days	Depression. Head feels queer. Is disorientated, does not know when she arrived or where she is. Delusions of being poisoned.	Discharged unsuitable. Delusional insanity.	Was certified; now well. (12)
7	F. 53	2 months	Failure of concentration. Inability to make up her mind. Afraid of people.	Symptoms all improved.	Relapsed. Re-admitted for two months. Became well. Since relapsed and re-admitted.
8	M. 49	4 months	Depression. Lack of interest. Pains in head. 2nd attack.	More hopeful.	As on discharge. (14)

GROUP III

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
9				
M. 54	3 weeks.	Depression unrelieved by encouragement. Loss of emotional pleasure. Desire to commit suicide. Self-depreciation. Certain he cannot get well. Delusion that he is in eternity.	Symptoms worse. Discharged unsuitable. Certified.	Still in mental hospital but improving. (10)
10				
F. 52	1 month	Insomnia. Restlessness. Depression. Suicidal. Second attack.	Unsuitable. Discharge to mental hospital.	
11				
F. 34	2 months	Depression. Desire to be dead. People are against her. Retarded. Second attack.	All symptoms disappeared.	Is feeling well. (12)
12				
F. 52	2 months	Depression. Fear of insanity. Trembling attacks.	Much better.	Is feeling very bad and depressed. (12)
13				
F. 60	3 months	Depression. Insomnia. Inability to concentrate. Loss of religious faith.	In statu quo.	Now at Virginia Water. (10)
14				
F. 60	1 month	Ideas that she does harm to other people. Depression.	Discharged unsuitable.	
15				
M 43	6 months	Depression. Insomnia. Difficulty of concentration. Fears of people. Sense of unworthiness.	Sent to mental hospital.	Dead.

GROUP IV.

ORGANIC DISEASES.

	Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
1	M. 44	2 days.	Feeling of well-being. Hilarious. Happy. Delusions of grandeur.	G.P.I. Discharged unsuitable.	
2	F. 27	3 months.	Shortness of breath. Rigidity. Tremor. Lack of energy. Insomnia.	All symptoms relieved. Sleep good.	Stillsleepy. Dr. Buzzard considers her encephalitic. Sleeps well and is not frightened. (12)
3	F. 56	3 months.	Noises in head. Vertigo. Deafness. Falls suddenly. Fatigue. Poor sleep. Nervousness.	Less nervous but noises and falling. In statu quo.	Still having attacks of giddiness and falling. (12)
4	M. 38	7 months.	Nervousness. Tremor. Rigidity. Dyspepsia. Flatulence. Depression.	Psychoneurotic. Symptoms much better. P. A. rather worse.	Is rather more shaky, cannot cut his meat or shave. (12)
5	F. 60	3 months	Depression. Exhaustion. Poor sleep. Loss of weight. Torticollis.	Depression gone. Not exhausted. Sleep good. Gained 15 lbs. Torticollis in statu quo.	Getting better slowly. (13)
6	M. 59	1 month.	Lack of power in right forearm and hand. Pain in toes of right foot. Poor sleep. Cannot concentrate. High blood pressure.	Discharged unsuitable.	Has had a stroke and is worse. (13)

GROUP IV.

ORGANIC DISEASES.—*contd.*

Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
7				
M. 22	2 months.	Dragging feelings of stomach. Insomnia. Twitching of right foot. Concentration and memory poor. Mental deficiency. Mental age 16. Probably Encephalitis.		Has been operated upon, no better. (10)
8				
M. 44	8 days.	Stabbing pains in back and abdomen. Insomnia. Loss of weight. Anæmia. Loss of abdominal reflexes.	Could not remain.	Dead. Carcinoma of the stomach. (5)
9				
M. 46	2 months.	Dsyphagia. Emaciation.	Died. Proved P.M. Organic stricture. Fibrous. Non-malignant.	
10				
M. 59	4 months.	Exhaustion. Insomnia. Phobias. Palpitation when agitated. Loss of weight.	Died of syncope in bath.	
11				
F. 29	14 days.	Emaciation. Aphonia. Exhaustion. Anæmia. Pyrexia.	Died in hospital. Acute tuberculosis.	
12				
F. 50	2 months.	Loud noises in the head. Deafness. Nervous attacks. Easily fatigued. Organic disease of ear.	In statu quo.	
13				
M. 26	2 months.	Epileptiform attacks. Introversion. Obsessions about skin, poverty and his hardships in life.	Fits diminished, but mental state of introversion in statu quo.	

UNCLASSIFIED PATIENTS.

	Sex and Age	Stay.	Symptoms.	Report on Discharge.	Late Report.
1	M. 25	13 days.	Pains in eyes and difficulty in reading. Nervous. Palpitation. Pains in rectum.	Said all symptoms had gone. Would not stay.	
2	F. 28	4 months.	Worries about duty, about her feelings about religion.	Left in a rage but probably better.	
3	F. 33	3 months.	Shyness. Solitary, dull. Stupid. Mental defective.	Symptoms rather improved.	Is brighter but has turns of dulness and of not being well. (10)
4	F. 34	21 months.	Nervousness. Thinks people are laughing at her. Believes patients are sent away because they are friendly with her.	Nervousness better. Otherwise in statu quo.	As on admission. (12)
5	M. 30	4 months.	Fatigue. Depressed. Frequent colitis. Infantile fixations on little girls.	Symptoms less, but result to be waited for.	Is quite well and happy. (12)
6	M. 14	2 months.	Kleptomania. Anxiety to shine and display himself.	No trouble while here.	Has been stealing. (12)
7	F. 34	5 months.	Lack of concentration. Depression. Feeling that she is not normal. Mentally deficient.	Feels fit.	Not well. (12)

UNCLASSIFIED PATIENTS.—*contd.*

Sex and Age.	Stay.	Symptoms.	Report on Discharge.	Late Report.
8				
M. 52	3 months.	Agitation. Depression. Thoughts that he has made a mess of things. Sexual obsessions.	Much improved. Agitation gone. Ideas less potent.	Is at work but does not feel well
9				
F. 45	4 months.	Fatigue. Depression. Intensely self-satisfied. Religious ideas.	In statu quo.	
10				
F. 48	months.	Hysterical gait. Insomnia. Loss of appetite. Tired in head and body. Constipated.	Symptoms relieved.	Committed suicide five months after going home.

Further Medical Report on Patients who were discharged in the year 1922.

GROUP I. PSYCHONEUROSES.

TABLE I.

(The figure in brackets in the fifth column is the number of months between discharge and report.)

Patients who are now better.

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
1					
M. 41	7 months	Depression. Dyspepsia. Insomnia. Phobias. Inability to work.	Symptoms gone.	Quite well and at work. (20)	Well.
2					
M. 25	3 months	Lethargy. Insomnia. Headache. Depression. Inability to work.	Symptoms all less.	"Back to normal." At work. (18)	Not well but at work.
3					
F. 54	5 months	Dysphagia. Excessive salivation. Depression. Unable to work.	Symptoms becoming much less.	No dysphagia. No depression. Feels well. At work. (16)	Well.
4					
F. 46	2½ months	Cardiac Pain. Worry. Not worked for three years.	Symptoms gone.	Well and at work ever since discharge. (14)	Well.
5					
F. 45	7 weeks	Exhaustion. Depression. Constipation. Anæmia.	Much improved.	Well and at work since discharge. (14)	Well.
6					
F. 44	10 months	Depression. Fatigue. Insomnia. Various fears.	Symptoms much less.	Now quite well. At work. (13)	Well.

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
7					
M. 42	8 weeks	Pain in back. Hysterical Paraplegia.	Able to do everything. No pain.	Quite well. At work as wheelwright. (14)	Well.
8					
M. 23	8 months	Inability to work. Bad sleep. Hysterical Fits. (Coma). Fear of sex.	All symptoms gone.	Been at work ever since. Is well. (16)	At work. Well.
9					
M. 17	3 months	Fear of streets, of death. Depressed. Emotional weeping.	Symptoms gone.	"A wonderful change." At work; well. (13)	Well.
10					
F. 29	2 months	Depression. Inability to concentrate. Poor sleep. Fatigue. Epileptiform fits.	All symptoms gone.	Well, and at work. (1	Well.
11					
M. 39	4 weeks	Vertigo. Headache. Attacks of unconsciousness. History of trauma.	All symptoms gone.	Keeping well. At work. (13)	
12					
M. 5	3 weeks	Fatigue, bodily and mental.	Symptoms gone.	At work. Feels well. (11)	
13					
F. 40	3 months	Sensitiveness. Feelings of unworthiness. Fits of temper.	Symptoms all better.	Has kept very well. (10)	Well.
14					
F. 22	5 months	Hysterical paraplegia (11 years). Vomiting. Depression.	Paraplegia and vomiting gone. Still depressed.	Is in good spirits. Other symptoms gone. (10)	Well.

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.
15					
F. 25	9 weeks	Attack of depression. Suicidal thoughts. Pains in neck. Fatigue. Dyspepsia.	Symptoms gone.	Is very well. (11)	Well.
16					
M. 30	10 weeks	Phobia of old men. Depression. Headache. Insomnia. Suicidal thoughts. Inability to work.	All symptoms gone.	Feeling quite well. Better than he has felt for 10 years. At work. (10)	
17					
M. 31	2 months	Unable to work. Memory bad. Headache. Loss of weight. Loss of confidence.	Feels much better. Confidence restored.	Feels quite well. At work. (10)	We
18					
M. 36	4 weeks	Failure of concentration. Frontal headache.	All symptoms gone.	Quite well. At work. (10)	Well.
19					
F. 23	2 months	Poor sleep. Faint feelings.	Sleep good. Faints gone.	Quite well. At work. (10)	Well.
20					
M. 64	4 weeks	Fatigue, mental and physical. Inability to do his work.	Symptoms gone.	Feels well. At work. (9)	
21					
M. 41	3 weeks	Pain in tongue. Fear of cancer. Depression. Insomnia. Self-reproach.	Pain disappeared. Sleep good. Feels well.	Is quite well. At work. (9)	Well.
22					
F. 29	3 months	Loss of strength, physical and mental. Headache. Bad sleep. Apprehensive. Loss of weight. Inability to work.	Gained two stones. All symptoms gone.	At work since discharge. Well. (11)	Well.

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
23					
M. 34	5½ months	Fear of people. Claustrophobia. Bad dreams. Compulsive thoughts. Hallucination of voices, but aware that they were unreal.	All symptoms gone.	Quite well. Cannot get work. (8)	Well. At work.
24					
F. 23	3 weeks	Loss of interest. Depression.	In statu quo.	Now quite well. (10)	
25					
F. 22	5 months	Headache. Insomnia. Fears of dark. Diarrhoea.	All symptoms improved.	Well and at work. (22)	Well. At work.
26					
F. 25	2 months	Nervousness. Dyspepsia. Emaciation. Headache.	Gained 22 lbs. Feeling better.	Feels quite well. (14)	Well.
27					
M. 62	10 weeks	Delusion that he had appropriated money fraudulently.	Delusion gone.	Delusion gone. Is well. (15)	Is very depressed.
28					
M. 60	4½ weeks	Delusion that he had cheated the Inland Revenue. Insomnia. Depression.	Symptoms all relieved.	Been at work since discharged. Is well. (12)	Well.
29					
M. 49	2½ months	Delusions of people under bed. Insomnia.	All symptoms disappeared.	Has kept well. (7)	
30					
F. 34	5 months	Headache. Depression. Mutism. Not worked for 3 years. Attempted suicide in Hospital.	Was transferred to mental hospital after attempt, but was already more cheerful.	At work for 15 months. Still headaches, but quite cheerful. (18)	Fairly well. At work.
31					
M. 32	6 weeks	Dyspepsia. Poor sleep. Loss of concentration.	Symptoms much less.	Fairly fit and well. At work. (14)	

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.
32					
M. 21	11 weeks.	Depression. Fear away from home. Dyspepsia. Fatigue. Inability to work.	All symptoms less.	Much better. At work. (14)	Well.
33					
M. 30	2 months.	Inability to concentrate. Tremulous. Insomnia. Unable to stay away from home. Alcohol.	Symptoms gone.	Sleep good. Concentration not quite good. (14)	
34					
F. 35	7 months.	Depression. Inability to concentrate. Curious sex ideas. Been under medical treatment 20 years.	Much better.	Feeling much better. Has had no doctor since discharge. (13)	Feels well.
35					
F. 56	3 months.	Exhaustion. Insomnia. Pains in head, Coughs; constant catarrh and fear of colds.	Symptoms all less.	Much better than has been for many years. Sleep good. Less depressed. (13)	Not so well as last year, coming back
36					
M. 43	2 months.	Loss of intellectual power. Pains all over body. Fatigue. Indigestion. Nervousness.	All symptoms relieved.	All physical symptoms gone. At work. Is nervous occasionally, but less so. (13)	Well.
37					
F. 47	3½ months.	Prostrating headaches. Photophobia. Lay in dark. Insomnia. In bed for over a year.	Severe headache gone. Photophobia gone. Sleep much improved.	Slight occasional headaches. Sleep much better. Plays tennis; does her work. (11)	On whole much better

GROUP I. PSYCHONEUROSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result	1924
38					
M. 28	10 weeks	Palpitation on going off to sleep, wakens screaming. Head dazed. Fatigue. Inability to work.	Palpitation only occasionally. Head feels well. Fatigue gone.	When very anxious has attack of palpitation. Otherwise well. (14)	Much better at work
39					
F. 55	3 weeks	In the Hospital the year before on account of severe pains. They are better, but she is a little tired. Been at work since previous discharge. (Schoolmistress)	Fatigue much less.	Been at work since discharge. Occasional pains on anxiety. (11)	
40					
F. 55	6 weeks	Headaches. Flatulence. Fears.	All symptoms relieved.	Very fit on the whole. (8)	Improved
41					
M. 49	6 weeks	Nervousness. Failure of concentration. Agoraphobia. Indigestion. Off work 9 months.	All symptoms less.	At work; occasionally nervous (9)	Improved
42					
F. 40	3 months	Inability to move left arm or hand (contracture). Insomnia. Dyspepsia.	Arms move freely. Insomnia and indigestion relieved.	No return of contracture, but was depressed. Is now in the Hospital. (11)	Discharged this year improved
43					
F. 52	2½ months	Hysterical paraplegia 18 years. Noises in head. Headache. Constipation.	Able to walk. Other symptoms much improved.	Walking well. Other symptoms not commented on. (10)	Well
44					
M. 59	2 months	Depression. Insomnia. Loss of concentration. Dyspepsia. Inability to work.	Symptoms all greatly relieved.	Feels fairly well. Sometimes depressed. (18)	

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
45					
F. 47	3 months	Headache. Dyspepsia. Nervousness. Fatigue. Poor concentration. Visceroptosis. Many operations. At work, but finding it very difficult.	Symptoms less	At work since discharge, but easily tired. (18)	At work but not well
46					
F. 38	4 weeks	Phobias of knives and heights. Dyspepsia. Anæmia.	Symptoms less	Fears much less, but not absent. Much more able to manage. (18)	
47					
F. 30	10 weeks	Headache. Insomnia. Fatigue At work, but finding it impossible to continue.	Symptoms all less	At work since discharge. Better but not well. Still fatigued. (19)	Not well poor sleep
48					
M. 34	8½ months	Depression, unable to concentrate. Insomnia. Many phobias. Inability to work.	Symptoms not much changed	Sleep good. Feels better. Doing some work. (16)	Rela
49					
F. 43	9 weeks	Depression. Indigestion.	Symptoms improving	Has been much better. Done her work since discharge. (16)	Better than for 25 years
50					
F. 22	7 weeks	Anorexia. Amenorrhoea. Emaciation. Distension of Abdomen.	Gained 16 lbs. Distension less. Amenorrhoea still present	Feels much better and at work. Amenorrhoea still present. Some distension. Has kept weight. (15)	Improved
51					
F. 43	4 weeks	Phobias. Insomnia. Inability to work.	Little changed	Sleep good. Able to work. Phobias not gone. (14)	Improved
52					
M. 68	5 weeks	Headache. Poor sleep.	Better on some days	Sleep good. Occasional headache. Feels better. At work since discharge. (14)	Fairly well
53					
M. 60	3 weeks	Insomnia. Lack of concentration. Lack of interest.	Improved	At work since discharge. (6)	

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
54					
F. 43	2 months	Loss of confidence. Exhaustion. Depression. Aches and pains.	Symptoms much better.	Symptoms gone except for aches and pains.	Now well.
55					
M. 23	6 weeks	Poor sleep. Depression. Fears.	Symptoms much less.	At work. Better. (13)	At work. Better.
56					
M. 46	8 weeks & 4 weeks	Fear of being alone, of heights, of trains. Cardiac discomfort.	Much better.	At work. Much better but still some train fear.	
57					
M. 27	months	Fears of falling in street. Inability to concentrate. Dyspepsia. Depression.	Symptoms gone.	Returned to work at once, but relapsed. Further psychotherapy at Birmingham. At work now. (12)	Well. At work.
58					
M. 33	7 weeks	Insomnia. Failure of concentration. Fatigue. Tension in head. Fear of marriage.	Symptoms relieved.	Did not marry. Sleep good. Symp- all much better. At work. (12)	
59					
F. 56	5½ months	Headache and Insomnia. Loss of weight.	Symptoms improved.	Has had further treatment by diet. Now well. (12)	Now being treated by a vaccine.
60					
M. 60	7 weeks	Dazed feeling in head. Bad sleep. Anxiety.	Sleep rather better, but does not feel well.	Feels much better but has given up work. (12)	
61					
F. 35	5 weeks.	Weakness. Hysterical attacks. Depression. Poor sleep.	Sleep good. Depression gone.	Has kept much better. All these symptoms gone but has a phobia not complained of here, which she returned to discuss in August, 1923. (11)	Improved.

GROUP I. PSYCHONEUROSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
62					
F. 40	13 months	Exhaustion. Pains all over body. Violent tempers. Inability to work.	Symptoms less. Complains that she is tired too easily.	Been at work till two months ago. Tempers less. Better generally, but still fatigued.	Improving. Doing occasional work.
63					
M. 49	4 weeks	Fits of weakness. Loss of weight. Fear. Depression.	In statu quo.	Depression gone. Can do what he has to do better. (10)	Well.
64					
F. 44	2 months	Dyspepsia. Fatigue. Fears. Insomnia. Depression. Loss of weight. Visceroptosis. Inability to walk 1 mile.	Gained 9½ lbs. Can walk 8 miles. Depression gone.	Sleep better. Feels better. Some dyspepsia. (10)	Well.
65					
F. 25	4 months	Headache. Insomnia. Dislike of people. Worried. Suicidal feelings. Inability to work.	Headache gone. Sleep good. Suicidal feelings gone. Still shy.	Feeling better. Not quite well. Is working. (10)	Relapsed. Improved again.
66					
M. 41	4 weeks	Insomnia. Poor appetite. Indigestion. Headache. Palpitation. Off work for 10 months.	Sleep good. All symptoms relieved.	At work since discharge, but not quite well. (9)	Improved.
67					
M. 37	2 months	Fatigue. Fear of noise. Depressed.	All symptoms relieved. Can walk several miles.	Much better. (10)	Relapsed. Is coming in again.
68					
F. 40	13 months	Insomnia. Fear of being alone and of suicide.	Symptoms all much less.	Physically well, but is depressed. (6)	Well.
69					
M. 46	5½ months	Exhaustion. Pain at heart. Diarrhœa. Fear of people.	All symptoms improved.	Feeling much better. Cannot get work. (8)	Improved. No work.

GROUP I. PSYCHONEUROSES.

TABLE I—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
70					
M. 29	4 weeks	Attacks of Depression.	Left without symptoms	Well and at work. Has had one short attack. (14)	Has had attacks
71					
M. 55	13 months	Pain in right leg. Cannot walk 100 yards. Dyspepsia.	Can walk some miles, dance, play cricket, still complains of pain. Dyspepsia gone	Improvement on discharge maintained. (12)	Not well. Having operation
72					
F. 41	4 weeks	Fears of something about to happen to her legs. Nervous sexual fears.	Symptoms better. Fears about legs quite disappeared	Feels calmer and better. (12)	Well
73					
F.	10 weeks	Headache. Pain on right side. Loss of confidence. Fear of insanity and of going about.	Symptoms less	Husband states is better and going about more. (16)	Improved
74					
F. 39	7 weeks and 3 months	Depression. Exhaustion. No power of thought.	Slightly improved. Returned in three months	Much better. No depression. (7)	Well
75					
M.	7 weeks	Inability to concentrate. Irritability. Memory poor. Unable to face people.	Symptoms all improved	Perfectly well away from work. Cannot concentrate well at work but has continued at it since discharge. (10)	Well
76					
M. 19	6 weeks	Twitching of limbs. Loss of weight. Mental Deficiency.	Symptoms gone		Well

TABLE II.

Patients who state that they are not any better but are at work.

	Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
1	F. 36	5 months	Fears. Faintness. Headache.	Fears less. Headaches less.	Symptoms all present. Is at work. (18)	Same as last year.
2	M. 38	10 weeks	Headache. Fatigue. Dizziness. Insomnia. Fears. Depression.	Symptoms in statu quo	Been at work since discharge. Appears cheerful to others. He himself feels in statu quo. (18)	Now well.
3	F. 48	4 weeks	Fatigue. Nervousness. Disturbed sleep.	Less fatigue but still nervous.	Has been at work since discharge but all symptoms present. (10)	

TABLE III.

Patients who are better but who report that the improvement has nothing to do with Swaylands but was obtained elsewhere.

	Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
1	F. 38	2 months	Intense Depression. Many phobias.	In statu quo	Now much better, but says was frightened at Swaylands by the general environment. (15)	
2	M. 46	8 weeks	Headache. Poor sleep. Lack of vitality. Abdominal pains. Emaciation.	Gain of 16 lbs. Symptoms improved.	Relapsed but is now quite well. Had operation on antrum 6 months after discharge and attributes improvement to that. (14)	Further operation on kidneys. Has given up work.
3	F. 54	4 months	Profound asthenia. Wasting of muscles. Paraplegia. Knee jerks absent.	Worse. Discharged unsuitable.	Gradually became quite well at home. Knee jerks present. (11)	Well.
4	F. 25	4 weeks	Fears. Hallucinations and delusions. Somnambulism.	In statu quo.	All symptoms now absent. It is more probable that they were hysterical rather than psychotic. (12)	Well.

TABLE IV.

Patients who report that they are no better.

	Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.
1	F. 39	2 months	Noises in head. Deafness. Headache. Fear of being alone. Insomnia.	Symptoms all improved	Noises less, but is very depressed. (18)	Dead
2	F. 63	2 months	Pains in head and spine. Hysterical outbursts.	In statu quo	In statu quo. (18)	In statu quo
3	M. 37	10 weeks	Pain after food. Nervous attacks. Extreme emaciation.	Gained 32 lbs. All symptoms improved	Relapsed. "Not any better." (17)	
4	F. 43	5½ months	Severe headache. Depression. Inability to work.	In statu quo	In statu quo. (16)	In statu quo
5	M. 19	8 months	Attacks of dyspnoea. Pains in legs. Inability to concentrate.	In statu quo	In statu quo. (16)	In statu quo
6	F. 34	4½ months	Pains in neck. Depression. Fatigue.	In statu quo	In statu quo. (16)	In statu quo
7	F. 50	2 months	Loss of energy and of concentration. Depression.	Symptoms gone	Has had carbuncles and is not well now. (20)	Well
8	M. 59	2 months	Poor sleep. Indigestion. Loss of weight.	Gained 5 lbs. otherwise in statu quo	Not well. Symptoms of indigestion. (14)	Dead
9	F. 41	5 months	Pain over left sacro iliac joint; organic(?) Insomnia. Fear of insanity. Fugue.	Symptoms slightly better	Pain as bad as ever. Not well. (13)	Had operation. Still not well.

TABLE IV.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.
10					
F. 33		"Heart" attacks. Weakness. Tremblings. Asthenopia. Emaciation (6st. 8lbs.)	Gain of 9 lbs. Fears less.	Has not kept well. Has returned to Swaylands.	
11					
F. 20	7 weeks	Nervous attacks in street: has to sit down. Dislike of meeting strangers.	Fear still present No attack here.	Still having attacks and does not go out alone. (12)	Had no attack for 16 months.
12					
F. 60	4 weeks	Pains in head. Palpitation. Exhaustion. Pains in joints.	In statu quo.	In statu quo. (18)	
13					
F. 52	5 months	Band round head. Depression. Poor sleep. Fear of being alone.	Symptoms gone.	Relapsed and is now in Swaylands.	Well.
14					
F. 20	2½ months	Obsessions of names.	In statu quo.	In statu quo. (6)	Improved, doing some work.
15					
F. 27	10 months	Insomnia. Nightmares. Headache. Violent tempers. Loss of weight.	Gained 17 lbs. All symptoms better.	All symptoms still present. (6)	In statu quo.

GROUP II. DRUG ADDICTS.

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.
1					
M. 44	13 months	Insomnia. Great depression. Tremor. Paraldehyde drinking up to 18 drams a day.	No drugs last 2 months of stay. Slept well without them. No symptoms.	Been at work since discharge. No drugs. Feels much better. (12)	Well. At work.
2					
M. 68	3 weeks	Chlorodyne 8 drams a day. Felt well. Unreliable. Habit been in existence 30 years.	Discharged as unsuitable for treatment.	No report.	
3					
M. 48	2 months	Hallucinations. Tremors. Insomnia. Paraldehyde 8 oz. a week.	Paraldehyde stopped. Sleep better. Hallucinations less frequent.	No report.	Has taken no morphia
4					
F.	3 weeks	Insomnia. Irritability of temper. Variety of drugs; sometimes morphia.	Sleep better. No drugs here.	Says she sleeps only with drugs.	Much better.

GROUP III. PSYCHOSES.

TABLE I.

Symptoms chiefly those of mental depression.

Sex and Age.	Stay.	Symptoms.	Result on Discharge	Late Result.	1924.
1					
M. 37	3 months.	Depression. Retardation. Loss of confidence. Temporary attack of confusion in the hospital History of previous excess of confidence, alternating with depression.	Symptoms all much relieved.	Been at work and well since discharge. (12)	Well.
2					
M. 35	5 months.	Pains in head. Anxiety. Depression. Loss of confidence. History two previous attacks with exalted intervals.	Symptoms gone except pains.	All symptoms gone. (12)	Well.

GROUP III. PSYCHOSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924
3					
F. 32	2 months.	Loss of affection. Unable to concentrate. Attempt at at suicide before admission.	Felt quite well.	Quite well. (12)	Well.
4					
M. 50	4 months.	Anxiety. Loss of con centration. Self-accusations of being unworthy. History of attack 10 years ago.	Feels much better.	At work since discharge. Nearly well. (9)	Well.
5					
M. 38	8 weeks.	Depression. Poor sleep. Headache. Slowing of mental processes. Loss of power to do fine manual work. Second attack.	Feels much better.	Returned to work as photograph re-toucher. Feels quite well. (8)	Has had relapse. Recovered.
6					
F. 55	2 weeks.	Not sleeping well, but better. Depression 3rd attack.	Sleep better.	Has continued to improve. Now nearly well. (11)	As in 1923.
7					
M. 61	6 weeks.	Depression. Feelings of unworthiness. Insomnia Attacks of this have alternated with asthma.	Depression disappeared, but asthma became bad.	Still asthmatic. Not depressed. (8)	Depression improved. Asthma well.
8					
F. 55	7 weeks.	Insomnia. Loss of interest. Depression. Fears.	All symptoms gone.	Remained well till August, 1923, when became suddenly depressed. In Swaylands now.	Dead.
9					
M. 36	4½ months.	Depression. Unworthiness. Insomnia.	All symptoms less.	Returned to work at once and has continued well.	Well.

GROUP III. PSYCHOSES.

TABLE I.—*cont.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
10					
F. 48	6 months	Inability to think. Insomnia. Indigestion. Depression. 3 previous attacks with periods of exaltation.	Symptoms much less.	Now slightly exalted. (9)	In state of depression
11					
M. 62	6 months	Delusion of having been in jail as a young man, followed by simple depression; delusion lasted one week. Insomnia.	Depression much less.	Relapsed and sent to Maudsley. Now quite well. (9)	Dead.
12					
F. 55	4½ months	Confusional attack, followed by simple depression and Insomnia.	All symptoms absent.	Has had relapse and better again (14)	Had a good year.
13					
F. 60	7 weeks	Insomnia. Lack of interest. Depression. Fatigue. Epigastric pain.	Improved. Sleep better. Depression less.	Symptoms not gone, sometimes better, sometimes worse. (12)	Improved, not quite well.
14					
M. 61	2 months	Depression retardation. Insomnia. 5th attack.	In statu quo.	In statu quo. (12)	
15					
F. 62	2 months	Depression. Insomnia. Apathy. Emaciation.	Gain of 8lbs., but mental state unchanged.	Mental state worse. Delusions of identity. (12)	Is improving.
16					
F. 23	3 weeks	Loss of interest. Depression.	In statu quo.	Now well. (11)	

GROUP III PSYCHOSES.

TABLE I.—*contd.*

Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
17					
M. 34	9 weeks	Depression. Cloud in head. Fear of insanity. Impotence. Loss of weight.	Appeared more cheerful. Gained 26 lbs. in weight.	Committed suicide 4 days later.	
18					
M. 52	5 months	Insomnia. Depression. Fear of damnation. Agitation. Previous attack 25 years ago which lasted one year.	In statu quo. Sent to Mental Hospital.	In statu quo. (11)	In statu quo.
19					
F. 60	3½ months	Very marked retardation. Depression. Fear of sin.	Retardation somewhat less.	In statu quo. (9)	Worse.
20					
F. 59	3 months	Depression. Confused feelings in head. Insomnia. Loss of pleasure in life. 5th attack.	Sleep improved. Less depressed.	Relapsed and sent to Mental Hospital. (8)	Worse.
21					
F. 42	6 weeks	Depression. Self-abasement.	Committed suicide.		Dead.
22					
F. 45	3½ months	Depression, visual hallucinations. (Insight).	Depression gone, but hallucinations remained.	As on discharge. (14)	

DEPRESSION WITH AGITATION.

There were four patients. All were discharged within a week or two of admission as unsuitable for treatment at this Hospital.

TABLE II. Mental Exaltation.

	Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
1	F. 28	3 months	Excitement. Flight of ideas.	Became quiet and normal.	Not heard from	
2	F. 26	6 weeks	Exuberance of spirits on admission.	Became maniacal and sent to mental hospital.	Recovered. Relapsed after six months	Well

TABLE III. Hypochondria.

	Sex and Age.	Stay.	Symptoms.	Result on Discharge.	Late Result.	1924.
1	M. 33	10 weeks	Numbness in penis. Epigastric sensation.	In statu quo	At work, but in statu quo (9)	In statu quo at work
2	M. 72	3 months	Sore mouth. Inability to breathe. Insomnia.	In statu quo	In statu quo (8)	
3	M. 42	9 months	Weakness. Poor sleep. Weakness of heart, of throat, of digestion.	In statu quo	In statu quo (14)	In statu quo

GROUP V.

This Group contains those patients who have not been classified :—

			1924
1.	F.33.	Stayed three months, complained of depression, failure to concentrate, fatigue. She had been analysed before admission and her mind was full of sexual images; everything she saw was a sexual symbol.	
2.	F.37.	Stayed three months. Complained of tachycardia (140 at rest), lack of energy. She was regarded as probably organic, hyperthyroidism. Was treated by strict rest. Unfortunately she developed some urticaria, which never cleared here. She left highly dissatisfied, and nothing further has been heard of her.	
3.	M.39.	Here for two months in 1921 and again for three weeks. Depressed, fear of suicide, inability to work. Is either an uncured psychoneurotic or a psychotic. His doctor says he is deteriorating.	
4.	M.52.	Stayed nine weeks, but has been in again this year. Has a shrewish wife and becomes hysterical and sleepless at home. Is quite well away from her and goes to a round of institutions from which he does his work quite well. Is afraid to have formal separation. The wife has been interviewed frequently but will not consent to be treated.	Same as last year. Relapses and improves.
5.	F.46.	Stayed seven and a half months. Attacks in which she became completely paralysed for 3-6 hours. All four limbs were in a condition of flaccid paralysis. The masseters and facial muscles were in a state of spasm. Deep reflexes were *not* abolished. Patient was subject to urticaria. No physical or psychological reasons were discovered. The attacks still continue.	In statu quo.
6.	M.19.	Cleptomaniac. Palpitation. Now doing well.	
7.	M.23.	Dizziness. Passer of dud cheques.	Much better.

Further MEDICAL REPORT on patients who were discharged in the year 1921.

The number on the left hand of each case is the same as that in the printed Report for last year, issued December, 1922.

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge	Result Six Months after Discharge.	Late Result.	1924.
3						
M. 19	4 weeks	Fear of darkness and crowds. Epileptiform fits. Somnambulism. Headache. Terrifying dreams. **Traumatic Neurosis.**	Symptoms gone.	Quite well.	Quite well. (26)	Quite well
4						
F. 48	5 weeks	Pains. Dyspepsia. Fears that she might become insane and kill her mother. Fatigue. **Neurasthenia.**	All symptoms gone.	Very well.	Very well. (24)	Quite well
5						
F. 48	6 weeks	Fatigue (extreme) Indigestion. Depression. **Neurasthenia.**	Able to walk 20 miles. Depression and Indigestion gone.	Quite well.	Is quite well. (24)	Quite well
8						
F. 55	2 months; later, 4½ months	Depression. Failure of memory and concentration. Fear of insanity. In second visit, attack of confusion. Second attack. **Manic Depressive.**	Left improved but relapsed. Left second time in March.	Now doing well.	Has had several relapses. (24)	Has had slight relapses but now better
9						
F. 48	7 weeks	Depression. Weeping. Worry over everything. Insomnia. Fears of future. **Neurasthenia.**	Depression and fears gone. Sleep uncertain.	Not depressed. Sleep good.	Is on whole very well. Occasionally depressed. (24)	On whole fairly well
10						
F. 21	8 weeks	Tachycardia necessitating absolute rest. Insomnia. Fears. Exhaustion. **Neurasthenia.**	Heart normal. Sleep good. Able to do everything.	Feels quite well. Fears much less.	Christmas, 1923, quite well. Working (24)	Well

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.
11						
F. 20	12 weeks	Headaches. Insomnia. Hysterical attacks. Refusal to live at home. **Neurasthenia.**	Feeling well. Returned home of own accord.	Feeling well and been at work since. Passed medical profess. exam.	Is quite well (27)	Well, at work.
12						
F. 40	10 weeks	Headache. Insomnia. Fear of apoplexy. Severe gastric pain. Fear of insanity. Polyarthritis. **Neurasthenia.**	All nervous symptoms gone. Arthritis in statu quo.	Writes: "Joy of joys that she went to Swaylands." All symptoms gone. Arthritis better also.	Christmas, 1923, is quite well (27)	
13						
M. 44	5 weeks	Depression. Cloud in head. Poor sleep. Second attack. **Manic Depressive**	Improved. Sent to work.	Has kept well and at work	Still at work. Is in slight attack now. (24)	
15						
M.	1 month	Depression. Cloud in head. Hysterical pain in knee. **Neurasthenia.**	Condition not changed. Left most dissatisfied because physical cause of pain in knee was not acknowledged.	Writes to say he is well; that but for Swaylands knee would not have become well	Has kept well (25)	Well
16						
M. 48	4 weeks	Lack of energy. Depression. Headache. **Neurasthenia (?) probably Recurrent Depressive.**	Symptoms gone.	Is well and at work	Has had two relapses — in one just now (24)	Further relapse
18						
M. 47	22 weeks	Insomnia. Inability to concentrate. Outbursts of furious temper with the use of foul language. **Neurasthenia.**	All symptoms gone.	Is quite well	Is quite well (24)	Relapse in hospital. Now not so ill as last time

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.
19						
M. 47	6 weeks	Peculiar feelings in head. Inability to work or concentrate. Impotent. Probably organic, absent knee jerks. (Dr. Head) **Neurasthenia.**	Felt well	Feels quite well. Impotence in statu quo.	Feels quite well (24)	Well
20						
M.	10 weeks	Fatigue. Inability to do things. Always quarrelling with superiors. **Neurasthenia**	Symptoms improved	Feels quite well. Finds can work smoothly with superiors.	Has kept well. Been on duty since leaving (23)	Well, on duty
21						
F. 48	2 months	Weakness. Feelings of impending death. Difficulty in concentration. Cannot walk out of house. **Neurasthenia.**	All symptoms gone.	Has kept quite well	Has kept quite well (23)	We
25						
F. 50	3 months	Fatigue. Headache. Insomnia. Asthenopia. Cardiac pain and fears. Depression. Has mitral incompetence and been alarmed about it. **Neurasthenia.**	All symptoms gone except some headache.	All symptoms remain away. Is called a "resurrection."	Is very well (22)	Has had serious operation; recovering
26						
M. 50	6 weeks	Depression. Lack of concentration. Fatigue. (Third Attack). **Manic Depressive**	Symptoms all gone.	In Spring had Influenza with slight return of depression, but recovered without help	Been well since last report (24)	Well
27						
M. 70	4 weeks	Insomnia present for 16 years. Never slept without drugs **Neurasthenia.**	Sleeping well without drugs	Slept well for months; latterly not sleeping so well, but feeling better	Feels well, much better than before he came; sleep uncertain (25)	Still improved

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.
28						
F. 43	6 weeks	Headache. Exhaustion. Giddiness. Palpitation. Faintness. Depression. **Neurasthenia.**	Symptoms all gone.	Still headaches but able to do all her work. Feels she learned a lot	"Health still better, able to go about in my usual way which is a great delight" (27)	Is well.
29						
M. 69	6 weeks and 6 later.	Pollakiuria, had to rise 6-10 times each night. Palpitation severe. Concentration poor. **Neurasthenia.**	Symptoms gone but relapsed and he returned four months later in October, 1921. Left with all symptoms improved.	Has kept much better. Has to rise only once at night.	Feels well. Occasional pollakiuria (26)	Feels well, at business
30						
F. 64	5 weeks	Fatigue. Worried. Insomnia. Fears of insanity, murder and noises. **Neurasthenia.**	Symptoms much relieved. Sleep good. Fatigue gone.	Sleep much better. Sometimes fears of Insanity but can overcome them.	Sleep good, fears not gone but is feeling much better (25)	Feeling better, not quite well
32						
M. 32	8 weeks	Weak and exhausted. Shy, giddy, poor concentration. **Neurasthenia.**	Symptoms all improved.	Physically much better. Mentally better, but periods of depression. Has worked all the time since leaving.	Not well. Is under treatment elsewhere. (24)	Had rest cure elsewhere. No better.
33						
F. 53	10 weeks	Neuralgic pains in body, needing morphia frequently. **Hysteria.**	Pain much less.	Been at work a year. Pains much less; not gone. (Husband died, she had to nurse him.) Returned July, 1922, for three weeks. Has no pain.	At work since discharge. Feels better. Pain occasionally present for short time. (24)	
34						
M. 45	4 weeks	Headache. Pains in right arm. Poor sleep. Loss of temper. Loss of weight. **Neurasthenia.**	Pains gone. Sleep good. Gained 16lbs. in 4 weeks.	No pains in arms. Sometimes in head. Gained further 20 lbs. Sleep good. Fitter than for five years.	Continues to be well. (26)	Well.

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge	Result Six months after Discharge.	Late Result.	1924.
35						
M. 40	1 month	Fear of Tabes. **Obsessional Neurosis.**	Improved. Fear less.	Says nine-tenths of fear gone. Able to do most things he wishes.	Feels well. (26)	Well
36						
M. 32	6 weeks	Headache and fears of disease. **Neurasthenia.**	Headache gone. Fears much less.	Has kept at work but not feeling very well.	Has kept at work. Some headaches but they do not last long. (26)	Kept at work, much as last year
37						
F. 45	3 months	Severe headaches. Violent outbursts of temper. **Hysteria.**	Improved.	Better mentally and as regards nerves. Physically easily tired. Has "faints." Very grateful.	The improvement has been fully maintained. (24	Improvement maintained
38						
M. 40	3 months	Claustrophobia, especially of Churches. Agoraphobia. Inability to keep any engagements or meet strangers. **Compulsion Neurosis.**	Able to go to Church and to go in the streets easily.	At work regularly. Goes to all meetings easily. Previously never able to get regular employment, now been made a partner.	Is much better than last year. (24)	Well.
41						
M. 26	3 months	Headache. Insomnia. Depression. Lack of concentration. **Neurasthenia.**	Felt well.	Has no work to do and is depressed about it, but feels if he had work he would be well.	Failed to get work and has relapsed, but not so ill as when he came (24)	Is well.
43						
F. 40	5 months	Astasia-abasia, headache and depression. **Hysteria.**	Could walk several miles. More cheerful. Sleep better. Still some headache.	Still headaches, but otherwise as when she went away.	Has steadily improved. Been working since last report. (20)	No return of paralysis still some headache

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge	Result Six Months after Discharge.	Late Result.	1924.
44						
F. 63	3 months	Noises in head. Fainting. Cardiac Pain. Inability to leave bedroom or see people. **Neurasthenia.**	Can walk 3 or 4 miles; meets people easily. No heart symptoms.	Keeps working in home. No complaint of heart, but does not go out much except to work in garden.	The same as on last report (20)	Not so well
45						
F. 53	5 months	Depressed. Headache. Insomnia. Failure of concentration. Fatigue. Very thin. **Neurasthenia.**	Symptoms all relieved. Gained one stone.	Gradually became well. No Insomnia. Happier.	Is now quite well (24)	Well
46						
F. 23	4 months	Weakness. Lethargy. Cannot walk a mile. Headache. Inability to concentrate. Sense of inferiority. **Neurasthenia.**	Can walk 18 miles. Mental feelings better.	Had a relapse for some weeks. Then recovered after taking up work.	Has been at work since last report. Better than she used to be (24)	At work but not quite well
47						
M. 46	2 months	Feelings that he had heart disease. Palpitation. Pain. Fears. **Neurasthenia.**	Sometimes feels better but not always.	Doctor writes is now nearly well.	Is now well (22)	Fairly well
48						
F.	7 weeks	Spastic Paraplegia. Headache. Insomnia. Tinnitus. Fears. **Hysteria.**	Walks well. All symptoms improved.	Legs kept well. Still headache and hysterical at times.	No return of paralysis. Feels much better (22)	Well
49						
F.	6 months	Fear of Insanity. Depression. Insomnia. Dyspepsia. Fatigue. **Neurasthenia.**	Sleep fair. Fears less. Dyspepsia gone.	Is much as on discharge.	Relapsed and returned to Swaylands for 6 months. Not yet been away six months.	Now well

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.
50						
M. 55	1 month	Depression. Insomnia. Instability about religion.	Symptoms gone			Quite well at work
51						
F. 38	4 months	Depression. Pain in back. Insomnia. Hysterical weeping	Improved			Is now well, at work
52						
F. 48	6 weeks	Dysphagia with loss of weight. Backache. Poor sleep.	Better			Well
53						
M. 56	6 weeks	Insomnia. Depression. Shuffling gait. Fear of paralysis.	Improved			Can walk some miles

TABLE II.

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924.
1						
M. 45	4 weeks	Fears. Palpitation. Lack of concentration. Poor sleep. Doubts. **Neurasthenia.**	Sleep good. Fears less, not absent	Is much the same as when he came to Swaylands	In statu quo (24)	
2						
F. 30	3 weeks	Dyspepsia. Asthenopia. Diarrhœa. Giddiness. Exhaustion. **Hysteria.**	All symptoms gone. Felt well	Not well. Has had many treatments since discharge.	Became well after the death of a daughter " for her husband's sake (24)	

Sex and Age.	Stay.	Symptoms and Diagnosis.	Result on Discharge.	Result Six Months after Discharge.	Late Result.	1924
4						
F. 43	2 months	Giddiness. Phobia of streets, railway platforms and people. **Compulsion Neurosis.**	Giddiness gone. Phobias disappeared as tested at Tunbridge Wells and on railways. A feeling of discomfort but she can succeed in going to a street or station.	Husband writes that all symptoms soon returned and are still present	Returned to Swaylands, 1923. Left improved	Not well
5						
M. 38	3 months	Fear of suicide. Depression and Insomnia. **Neurasthenia.**	Symptoms gone. Felt well	Fears and depression less but worked only four months. Not working now. Sleep fair	Not well. Doctor writes he is degenerating (24)	Slightly better, doing farm work
9						
F. 59	7 weeks	High blood pressure (200). Fears she is lost. Depressed. **Melancholia.**	Happier but fears not gone. B.P. unaltered.	Writes quite cheerfully that she is in the same condition	Still in same state (26)	In statu quo
12						
M. 40	6 months	Depression. Feelings of unworthiness. **Melancholia.**	In statu quo	In statu quo	In statu quo (24)	
16						
F. 34	10 weeks	Dysphagia. Backache. Loss of weight. Fatigue. **Hysteria.**	Gained 6 lbs. Still tired. Backache present	In statu quo	In statu quo (24)	
17						
F. 23	3 months	Feelings of stiffness and pains all over body. No objective stiffness. Fears of venereal disease. **Hysteria.**	In statu quo	Reports that she has been cured by vaccine therapy	Remains well (26)	Quite well

Sex and Age	Stay.	Symptoms and Diagnosis.	Result on Discharge	Result Six Months after Discharge.	Late Result.	1924
18						
F. 34	4 months	Headache. Inability to feel pleasurable emotion. Home behaviour impossible. **Hysteria.**	Behaviour good here. Other symptoms in statu quo.	In statu quo. Home behaviour bad.	In statu quo. (24)	In statu quo
19						
M. 45	3 weeks	Loss of vision. Detachments and hemorrhage. Fears of insanity.	In statu quo.			Fears Cured by Spiritual healing.
20						
M. 47	4 weeks	Pains in arms (called neuritis). Headache.	Improved.		Not well, having treatment for acute intoxication.	Having treatment for colitis.

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